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ABSTRACT

A project was designed to test the feasibility of providing home based, quality developmental child care within the context of the 1972 Federal day care requirements. Six home day care systems were studied in order to provide the Office of Child Development with relevant information about the organization of such systems, how they changed over time, and the major problems involved in home day care. The research methodology involved initial needs assessment of existing family home day care systems based upon their degree of compilance with the 1972 requirements. Through ongoing assessment procedures, trends of improvement or regression were analyzed and rated for each system. In each of the six sites, 20 home-based centers served as the demonstration group, receiving input from the project, and 20 were designated as controls. Conclusions of the evaluation were generally optimistic, suggesting that compliance with federal standards can be achieved at relatively low cost. Recommendations cover two major areas: (1) Methods for developing and upgrading Family Home Day Care Systems, and (2) Problem areas in the proposed 1972 legislation. (DP)

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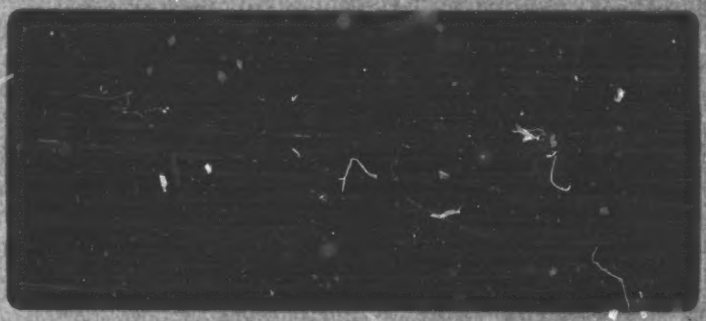

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Final Report on

FAMILY HOME DAY CARE SYSTEMS DEMONSTRATION PROJECT

Submitted To:

Office of Child Development
Department of Health, Education and Welfare
Washington, D.C.

Under Contract No. HEW-OS-73-58

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Submitted By:

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March 29, 1974

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EXECUTIVE SUMMARY

Study Purpose and Scope

The need for quality developmental child care has been steadily increasing. As women continue to enter the job market, both voluntarily and of economic necessity, the demands for day care services grow. This care is needed for infants and pre-school age children as well as for school age children who require after school care.

As the demand for day care services has grown, the need for systematic knowledge as to what is desirable and feasible as well as cost effective in providing day care services has become an important issue.

Past research has concluded that family day care homes are a primary resource for child care services currently being provided under Title IV-A of the Social Security Act. Available data suggests that of approximately six million pre-school children of working mothers, 1.8 million are cared for in family day care homes.

The Family Home Day Care Demonstration Project was designed to test the feasibility of providing home-based quality development child care within the context of the proposed 1972 Federal Requirements. By its very nature, the study was not intended to provide definitive or comparative data, but rather to provide OCD with relevant information which outlines how changes occurred and the problems encountered in the change process with six different Home Day Care Systems and to develop conclusions and recommendations on home day care. In addition, the study was designed to develop models which would promote quality home day care.

As conceived by OCD, this project was established as an experiment to:

- determine whether quality developmental child care can be provided under a variety of administrative auspices in home-based settings;
- collect information related to specific areas of proposed Federal Day Care Standards where compliance is most easily achieved and, conversely, most difficult to achieve;
- collect data on the process and financial cost of enlarging upon the capacity of existing systems;
- design alternative models for the delivery of home-based developmental child care.

Study Approach and Methodology

This study was performed by Development Associates, Inc. (DA), Washington, D.C., under Contract No. HEW-05-73-58. The contract was funded by the Department of Health, Education and Welfare, Office of Child Development. The contract was signed October 27, 1972, and the final report was submitted March 29, 1974. Six existing family day care home systems were picked for inclusion in the project by OCD.

The study methodology involved an initial needs assessment of ten existing family home day care systems selected by OCD. During the needs assessment, systems were evaluated based upon their degree of compliance with proposed 1972 Federal Day Care Requirements. A Standard Home Day Care Assessment Questionnaire was developed by DA for this purpose. This questionnaire covered all aspects of the Proposed 1972 Federal Day Care Requirements. It in turn was linked to a Trend Analysis Instrument which provided a method of numerically rating each of the projects to show trends of improvement or regression on a percentage scale or compliance index of 0 to 100 percent. In the system a 100 percent score indicated total compliance and less than 100 percent relative progress towards compliance. Included in each system's needs assessment report was a detailed statement of what would be needed to bring the system into compliance. OCD used the results of the needs assessment as the basis for the selection of the six project sites and the level of funding which each grantee would receive. The project sites and the amount of the federal grants were:

Eugene, Oregon
Lane County Children's Services Division
Federal Grant $12,319 - Expenditure $5,640.93

Madison, Wisconsin
Dane County Department of Social Services
Federal Grant $19,720 - Expenditure $9,189.51

Butte, Montana
Silver Bow County Department of Social and Rehabilitation Services
Federal Grant $12,500 - Expenditure $9,206.45

Oklahoma City, Oklahoma
Oklahoma Department of Institutions, Social and Rehabilitative Services
Federal Grant $33,487 - Expenditure $22,762.74

Birmingham, Alabama
Jefferson County Department of Pensions and Security
Federal Grant $52,585.00 - Expenditure $31,601.20

Philadelphia, Pennsylvania
Associated Day Care Services, Inc.
Federal Grant $7,023 - Expenditures $1,180.97

In each site 20 of the 40 homes which had been randomly selected for needs assessment were designated on a random basis as the demonstration group. Only these homes were to receive the benefits of the intensified efforts of the project. The remaining 20 were designated as the control group.

The demonstration homes were expected to show a different level of progress towards the goal of compliance than the control homes as a result of the effort focused on them by the local administering agency using federal funds and local resources. The different approaches taken by the various grantees were also expected to produce different degrees of compliance in various amounts of time. The study was therefore expected to be able to identify the approaches resulting in the most efficient methods of achieving compliance with the proposed 1972 Federal Day Care Requirements.

The first monitoring visit was conducted in April, and thereafter demonstration homes were monitored monthly for the first four months and then every second month. Interim visits were conducted in June and September which included a complete assessment of control homes and administering agency, as well as demonstration homes. A final assessment visit was made to each of the project sites in January 1974.

During each of these visits the Standard Home Day Care Monitoring Questionnaire was used. This questionnaire was similar to the Assessment Questionnaire used for the needs assessment and was also directly keyed to the trend analysis system to provide compliance rating scores for each of the six project sites. This provided DA staff with a systematic means of analysis of each of the projects over the given time period.

DA also developed a Monthly Budget Analysis Form to show the monthly cash flow of federal grant funds expended in each of the projects. This form, along with a visit to each of the project sites by a DA staff financial specialist in December 1973, provided the necessary data to develop the cost vs. performance study required by the project design.

In addition to the methods of data collection and analysis mentioned above, the subjective inputs of DA staff members were used to provide additional analytic input and insight on the objective findings.

Major Study Findings

- Each of the programs has become more child-oriented, and programs now concentrate more on training caregivers in developmental child care.
- Licensing requirements for family day care homes vary greatly by state and tend to be less stringent and less detailed than the Federal Day Care Requirements.
- The administering agency components in which the greatest improvement occurred were Grantee Compliance Monitoring and Training.
- The grantee systems for monitoring day care homes and maintaining records on caregivers and children improved as a result of the project.
- The local medical requirements for caregivers and children and agency staff differ greatly among the six grantees, and are generally less stringent than the federal requirements.
- No established system exists for coordinating the delivery of health services to children in family day care homes.
- Only three of the grantees have an effective system for identifying behavior and learning problems of children enrolled in family day care homes.
- Training was provided to caregivers as part of the project in the following areas: child development, safety, nutrition, equipment materials and activities for children.
- The training provided to caregivers as a part of the project has increased their awareness in the areas of developmental child care and exposed them to new ideas and attitudes.
- The reaction of caregivers to the training provided has been mixed. There are those who view themselves as providers of developmental child care and those who feel that their primary role centers on the provision of custodial care.
- The impact of training on the caregivers has been a gradual process. While caregivers are now more aware of the need to provide developmental child care, the total impact of the training cannot yet be measured.

- Only one grantee was able to establish a functional parent advisory group; all other agencies experienced difficulties.

- Only one of the grantees transports family day care children with any regularity.

- Attempts to bring homes into compliance with the Proposed 1972 Federal Day Care Requirements were most successful in the areas of health and developmental child care, and least successful in the area of safety.

- The highest cost to caregivers in caring for children is for food.

- Of those caregivers who dropped out of the project or who ceased providing day care services, the following reasons were most prevalent: movement out of the area or into a new unlicensed home; illness; lack of interest in providing care and desire to find a better paying job.

Major Study Conclusions

- It is clearly possible for Family Home Day Care Systems to markedly improve their compliance with federal standards at a relatively low cost if there is a serious commitment to improvement on the part of the agency staff.

- As a result of the project, the attitudes of both the agencies and the caregivers have changed from a custodial to a developmental focus.

- The type of administering agency, be it private, public or delegated, does not appear to be important to successful program performance.

- There are definite conflicts between state and local standards which posed problems throughout the demonstration project.

- The state regulations governing family day care homes are less stringent, less clear, and less strictly enforced than those for other day care facilities.

- Whether or not an individual caregiver provides developmental care is directly related to the basic orientation of the agency and to the supportive services which they provide, to the training and level of professionalism of the agency personnel, and to the agency's resources including money, materials and equipment.

- As a result of their participation in the project, a definite change in attitude towards providing developmental child care services to children has occurred.

- The injection of federal funds alone does not result in a successful effort by the agency to upgrade its day care system. Rather, it is the way in which the funds are used and how they are supplemented by already existing agency resources.

- The frequency of staff visits to day care homes directly affects the quality of the grantee's monitoring effort, and a definite relationship exists between the number of homes staff are responsible for and the quality of the monitoring which the agency can provide.

- Where caregivers are assured a set salary and receive benefits such as sick leave and vacation, there is a high degree of professionalism among caregivers and a high rate of caregiver retention.

- Parents of children in family day care often do not have an adequate opportunity to participate in the day care program or to have input into the agencies' policies and procedures.

- When staff responsibilities are divided between licensing and training functions, a more effective job can be done.

- While the grantees each made an effort to comply with the federal health requirements, the differences between state and proposed federal requirements present a problem.

- Where qualified consultant services were available, both program staff and caregivers were better able to identify children's learning and behavior problems.

- Where caseworkers are well informed of the social services available in the community, the referral system is most effective.

- The additional staff made available through the project reinforced the training provided through home visits.

- While notable improvements have been made in the physical and environmental areas, the total impact of the developmental training provided to caregiers cannot as yet be measured.

- There appears to be a lack of skill among agency staffs with regard to working with parents, and limited staff resources in this area.

- As a result of their participation in the project, both caregivers and agency staff are more aware of the need to ensure the physical safety of family day care homes.

Major Study Recommendations

The recommendations in this section cover two main areas: those which deal with methods for developing and upgrading Family Home Day Care Systems and those which address themselves to problem areas in the proposed 1972 Federal Day Care Requirements.

Methods for Upgrading Family Home Day Care Systems

- That the states be encouraged to reduce the conflicts between state and federal day care requirements while providing flexibility to establish standards applicable to local conditions.

- That federal funds in the form of short-term grants be provided to day care systems to enable them to develop local resources and work toward upgrading their day care systems.

- That agencies conduct a needs assessment of available local resources in order to ensure the best and most complete use of them.

- That OCD develop and make available materials to day care systems as part of any assistance provided. These might include information on what other day care programs are doing, pamphlets similar to "Beautiful Junk" created for Head Start, and other similar pamphlets.

- That agencies establish a system of incentives by which caregivers can be encouraged to provide developmental child care. These incentives might include increased payment, provision of toys and equipment, and food supplements.

- That a relationship be established between caregivers and the agencies whereby caregivers receive payment based on the number of children cared for regardless of children's attendance. Wherever possible, benefits such as sick leave, vacation, health insurance, and social security should be offered to caregivers.

- That wherever possible home day care systems coordinate with day care centers in the placement of children, thereby allowing for a choice to better meet the individual needs of children and their families.

- That minimum standards be established for caregivers whereby selection criteria are established. In this way, potential applicants would be required to meet agency standards before being granted a home day care license.

- That technical assistance and training be provided by OCD or by a private contractor similar to that presently provided in Head Start to assist administering agencies in preparing caregivers to provide developmental child care.

- That, based on the findings of this demonstration project and the models proposed in this report, a Family Home Day Care Model Systems Handbook be developed to assist agencies in upgrading their systems.

- That use be made of audio-visual training including closed circuit TV, video-tapes, and slides for both caregivers and agency staff.

- That administering agencies be encouraged to continue increased home visits and, whenever possible, quarterly or monthly visits be made to reinforce training which is provided and to assist the caregivers in all component areas.

- That the ratio of caseworkers to caregivers remain reasonable to permit quality monitoring of day care homes and followup activities. Reference can be made to the day care models included in Section VI of this report when determining the ratio.

- That agencies maintain individual children's records in order to encourage more complete documentation and enhance the delivery of services to children in family day care homes.

- That technical assistance be provided to agencies on a systematic basis to assist them in involving parents in establishing a means of communication between parents, caregivers, and the agency.

- That staff functions be divided between licensing and training to permit staff specialization and improve the delivery of services to day care homes.

- That the agencies design and implement a substitute caregiver system whereby caregivers serve as alternates for each other.

- That caregivers continue to receive training in nutrition which is reinforced through home visits.

- That agencies employ the use of consultant specialists on a systematic basis in the areas of health, psychological/social services, and training to the degree made possible by local resources and funds.

- That regular training in developmental child care be provided to caregivers on a regular basis, perhaps in the form of monthly training sessions, to be supplemented by small group or cluster sessions conducted by agency staff.

- That agencies consider using caregivers to help train others when they have reached the level of competence necessary to do so.

- That the agencies continue to provide caregivers with safety equipment to the degree made possible by local resources and available funds.

- That the agencies continue to make educational toys and materials available to caregivers, whether they provide them directly, arrange for lending libraries, or mobilize other community resources.

- That the agencies receive technical assistance from OCD on ways in which to involve parents in their child's day care program, and establish a system of communication between parents, caregivers, and the agency.

- That day care homes should be monitored by the administering agency at least semi-annually and, wherever possible, quarterly. During these visits, day care staff would monitor homes in the areas of health, nutrition, safety, and developmental child care to assure that caregivers comply with agency requirements.

I. INTRODUCTION

The need for quality developmental child care has been steadily increasing. As women continue to enter the job market, both voluntarily and of economic necessity, the demands for day care services grow. This care is needed for infants and pre-school age children as well as for school age children who require after school care.

As the demand for day care services has grown, the need for systematic knowledge as to what is desirable and feasible as well as cost effective in providing day care services has become an important issue.

Past research has concluded that family day care homes are a primary resource for child care services currently being provided under Title IV-A of the Social Security Act. Available data suggests that of approximately 6 million preschool children of working mothers, 1.8 million are cared for in family day care homes.

It is thought that Family Day Care offers certain advantages to working mothers with children of various ages which day care centers do not. Among them are the conveniences of location and the ability to place infants, preschoolers and school age children in the same day care facility. Moreover, locating center care for infants and school-age children is often difficult and the cost of family day care is traditionally less expensive than centers, and the hours are more flexible. Many parents select homes for their children because of the individualized attention and care which the day care mother is able to provide to a small group of children.

While some of the advantages of Family Day Care are well known, many questions still remain unanswered. Whether or not quality developmental care can be provided in a home-based setting has not been fully researched or documented. If such care is possible, what type of supportive services are needed to assure that caregivers develop and maintain the skills necessary to provide this type of care? Once these services have been identified and defined, how can they best be organized and delivered? Finally, can developmental child care in the home setting be provided on a cost effective basis?

The Family Home Day Care Demonstration Project was designed by the Office of Child Development to begin to develop responses to these questions. The intent of the demonstration was "to develop the processes that will ensure that developmental care can be provided in family day care homes and to disseminate the findings of the demonstration to other such systems nationally." Further, as stated in the RFP, "the primary objective of the family day care home system project (FHDHS) is to demonstrate that quality developmental child care can be provided under a variety of administrative auspices in a home-based setting."

The goals or expected results from the project as stated in the RFP are as follows:

- The development of several models for the delivery of developmental child care will serve as an example for replication in other locations.
- The demonstration of the delivery of quality developmental child care in a family home setting will serve to dispel the belief that child care in a family setting is limited to custodial care.
- The demonstration will provide information related to specific areas of the proposed Federal Day Care Standards where compliance is most easily achieved and conversely most difficult to achieve.
- The demonstration will provide information on the utility of such child care systems as a resource for existing federal day care programs and those contemplated under pending welfare reform legislation.*
- The demonstration will provide an instrument for measuring the variety of costs associated with upgrading the performance of FDCHS, e.g., training costs, transportation, home safety improvement, etc. . . .
- The demonstration will provide an instrument measuring other (non-financial) constraints associated with upgrading performance of FDCHS.
- The demonstration will provide information on the utilization of assisting child support services, e.g., medical, dental, psychological and other social services by FDCHS.
- It is expected that the initial assessment of need will indicate a degree and nature of non-compliance with the proposed federal day care standards, and that the information obtained from the monitoring process will factor out the costs for upgrading performance in each area.
- The demonstration will provide a description of how change occurred and the constraints incurred by the FDCHS in the process of upgrading performance.
- The demonstration will provide information on alternative processes for upgrading child care in a family day care home.
- The demonstration will provide information on the process and financial costs of enlarging upon the existing capacity of such system.

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* This legislation was pending at the time of the project proposal. At the writing of this report, however, this legislation has not been passed.

A close examination of the family home day care project reveals that a number of the goals and objectives are interelated. They all stem from OCD's desire to test the feasibility of bringing homes and day care systems into compliance with the 1972 proposed Federal Day Care Requirements.* By bringing systems into compliance, it was felt that homes would be providing developmental care to the children enrolled. Moreover, throughout the demonstration project constraints and difficulties encountered in reaching compliance would be carefully documented.

A final goal of the demonstration project was to develop models of day care programs which could be duplicated by other day care systems throughout the country. These models would reflect successful approaches used by the demonstration project grantees to reach compliance while increasing the ability of homes to provide quality developmental child care.

Overview of FHDC Project

The primary objective of the Family Home Day Care Project was to demonstrate that quality developmental child care could be provided in a home-based setting in a systematic manner. The parameters for measuring developmental child care were determined by the proposed 1972 Federal Day Care Requirements.

The design of the project required Development Associates to carry out an initial needs assessment of ten existing family home day care systems selected by the Office of Child Development. A family day care home system, as defined in the original RFP, is "an existing organized network of homes which are tied together under a central administrative structure." During the needs assessment, systems were evaluated based upon their degree of compliance with federal standards. Included in each system's needs assessment report was a detailed statement of what would be needed to bring the system, both agency and homes, into compliance.

OCD used the results of the needs assessment as the basis for the selection of the six project sites and the level of funding which each grantee would receive. Twenty of the original forty homes which had been randomly sampled in each systems were designated as demonstration homes, and the remaining twenty as the control group. The division of homes into demonstration and control groups was determined on a random basis. Only demonstration homes were to receive the benefits of the intensified efforts of the project.

The original project design called for the demonstration homes to be monitored monthly for the first five months beginning sixty days after the grant awards were

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* At the writing of this report, these requirements have not been implemented. However, the focus of this demonstration project was on the grantees' abilities to upgrade their systems, and was designed to measure their progress against these requirements. Therefore, these requirements serve as the framework for this report.

made to project sites. Thereafter, the design called for monitoring visits to the demonstration homes every second month with an interim assessment of all homes and the agency to be held in June. The final evaluation was to be conducted in January, 1974.

Due to a delay in the start of the contract, the monitoring system was changed; the first monitoring visit was conducted in April, thirty days after the grant awards and the demonstration homes were monitored monthly for the first four months and then every second month. The interim assessment was conducted, as proposed in June. Upon OCD's request, the design was further modified and the September monitoring visit was replaced by a second Interim Assessment Visit.

The two Interim Assessment Visits differed from the monthly monitoring visits in that they included a complete assessment of the control homes and administering agency as well as the demonstration homes. The final assessment visit was conducted as scheduled at each of the project sites in January, 1974.

The final requirement of the RFP was a report that would include a description and comparison of the data collected pertaining to the progress and constraints experienced in upgrading the six Family Home Day Care Demonstration Projects. This report was to include a cost effectiveness analysis relating technical and financial assistance to the specific objectives defined in the proposed 1972 Federal Day Care Requirements. The final task, using the data obtained from the demonstration sites, was to develop a "series of descriptive models for the delivery of developmental child care." This section of the report would further include a section related to the methods by which OCD could best assist local grantees in upgrading Family Home Day Care Systems.

This final report has been written to document the progress achieved by each of the grantees and to discuss the problems which they encountered in their efforts to reach compliance with the proposed Federal Day Care Requirements.

In addition to this section, the report is organized into five major sections designed to respond to OCD's stated objectives. These sections are:

II. Study Methodology

III. Summary of Individual Project Findings

IV. Presentation of Study Data and Analysis

V. Family Home Day Care Models

VI. Recommendations

II. STUDY METHODOLOGY

A. Study Design and Site and Home Selection

As conceived by OCD, this project was established as a demonstration to:

- determine whether quality developmental child care can be provided under a variety of administrative auspices in home-based settings;
- collect information related to specific areas of proposed Federal Day Care Standards where compliance is most easily achieved and, conversely, most difficult to achieve;
- collect data on the process and financial cost of enlarging upon the capacity of existing systems;
- design alternative models for the delivery of home-based developmental child care.

After careful study of the objectives DA, in consultation with OCD, developed and employed a straightforward research design which is outlined in this section.

The small size of the project and the need to use established systems precluded the use of a rigorous experimental design. However, within these limits, a standard pre/post design with a matched control group of homes was used. As an additional control, periodic interim monitoring visits were made to each site.

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All of the homes in the delivery system of the selected grantees were evaluated by a DA evaluation team. A record was made for each home based upon the evaluation which indicated the degree of compliance with the proposed 1972 Federal Day Care Requirements. This data was translated into a needs assessment which indicated the specific corrective measures needed to achieve compliance with the 1972 Federal Day Care Standards in each home. The design called for the two groups to be monitored on a regular basis. The demonstration homes were expected to show a different extent of progress toward the goal of compliance than the control homes as a result of the effort focused on them by the grantees. The different approaches taken by the various grantees was also expected to produce different degrees of compliance in various amounts of time. The study was therefore expected to be able to identify the approaches resulting in the most efficient methods of achieving compliance with the proposed 1972 Federal Day Care Requirements.

Site Selection

All sites were selected by OCD. Ten sites were initially selected to participate in the needs assessment. Six of these sites were then chosen as grantees based on the initial DA needs assessment and OCD criteria. The following criteria for site selection appeared in the RFP:

1. The system must be in existence and have been operating as a system for at least six months.

2. The homes in the system must be providing services in support of Title IV of the Social Security Act.

3. The system must be large enough to provide 20 homes where upgrading of performance can be measured against a second group of 20 control homes where grant funds will not be expended.

4. Nomination should indicate both a diversity of administrative auspices, e.g., public welfare department, community action auspices or other non-profit auspices and a diversity of geographical location, e.g., rural, inner city, urban low income.

5. The system must have a working relationship with the state welfare agency which will purchase the services, and there should be some assurance that the public welfare agency purchasing the services is agreeable to assuming any continuing additional costs that may occur from the upgrading and implementation of the proposed Federal Day Care Requirements.

6. There must be available resources for local technical assistance, e.g., training and consultation by local university, child welfare league, state child development.

7. There must exist a capability of management and administration that will insure proper utilization of funds;

8. The system must show evidence to coordinate and utilize existing federal-state resources in support of developmental child care in the areas of health, nutrition, psychological, and social services.

9. There should be a willingness of individual caregivers to participate in training activities or act as participants in a control group.

10. There must be a willingness by individual caregivers to participate in the needs assessment evaluation and followup activities.

Home Selection.

The 40 homes in each demonstration site were selected from lists provided by each administering agency. Two criteria were applied in the selection of homes. They were:

- homes with caregivers who had been in operation for at least six months; and
- homes with caregivers who expected to remain in the program for at least 12 months.

Homes which met these criteria were included in the universe from which the sample was drawn. Each home in the universe was then assigned a consecutive number from 1 to N, and 40 were chosen at random. In some there were only 40 homes in the universe and therefore the initial home selection procedure was eliminated. The 40 homes which would participate in this project were then randomly assigned in equal numbers to a demonstration and control group by designating every other home to one group or the other. A flip of the coin was used to determine whether the odd or even number homes would constitute the demonstration group.

B. Data Collection Instruments

During the initial phase of the project several basic data collection instruments were developed: the Standard Home Day Care Assessment Questionnaire (Section I for homes and Section II for the administering agency); the Trend Analysis Instrument, and the Monthly Budget Analysis Form. These instruments were approved by the Office of Management and Budget. After the needs assessment was conducted, both sections of the questionnaire were revised to become monitoring questionnaires. The actual instruments used are included in Appendix A.

The function of the assessment questionnaire was to collect data in an orderly, consistent, and systematic form to enable DA to assess the needs and performance of the administering agencies and of the day care homes. This data would then assist DA in making the recommendations necessary to bring a project into compliance with the proposed Federal Day Care Requirements. The monitoring questionnaires were designed similar to the assessment questionnaire, but less broad in scope, focusing on problems relative to the demonstration home systems. The questions on the monitoring questionnaire were less open-ended than on the assessment questionnaire, yielding more readily computable answers.

The Standard Home Day Care Assessment Questionnaire and the Monitoring Questionnaire were developed by DA by dividing the proposed 1972 Federal Day Care Requirements into two functional areas:

- Requirements for administering agencies, and
- Requirements for day care operators.

To create measurable components, out of the two functional areas a further breakdown of the major activities or processes a day care home system project must carry out to comply with the proposed 1972 Federal Day Care Requirements was done. For example, the components used under Requirements for Administering Agencies were:

- Grantee Compliance Monitoring;
- Health Services;
- Psychological Services;
- Social Services;
- Training;
- Parent Participation;
- Transportation Safety.

Similarly the requirements for operators were broken down into the following four components:

- Health;
- Safety;
- Developmental Child Care;
- Caregiver/Operator.

Each of the components was further broken down into key elements. These key elements represented the minimum criteria for a particular component to be in satisfactory compliance with the relevant portion of the proposed 1972 Federal Day Care Requirements. Questions were then developed to secure the information necessary to measure the degree of compliance with the criteria for each key element.

The other instrument developed for this project was the Trend Analysis. Basically, the Trend Analysis Instrument is a method of rating project performance in each key area. It was used to interpret the data from the monitoring questionnaires and to show trends of improvement or regression in each of the agencies, thereby enabling DA to draw comparisons among projects. Essentially, the Trend Analysis Instrument was a scoring sheet for each component and key element included in the various instruments. The basic process involved was for a DA team member to score the performance of the grantee on each key element after collecting and recording the necessary data.

The Trend Analysis method was designed to allow for more concrete comparisons of performance among the six grantees in both agency and home sections by assigning scores for grantee performance. These scores indicated which functional components and key elements approached or reached compliance with the proposed Federal Day Care Requirements or experienced greater difficulty in achieving compliance with the standards.

Components were further broken down into key elements on the Trend Analysis forms which corresponded to sections within the Standard Home Day Care Assessment Questionnaire (SHDCAQ). The scoring/scaling system was then applied to each key element using the correct questions within the key elements for assigning a score on a scale of 0 (low to 4 (high). The scores were assigned as follows:

0 = meets none of the Federal Day Care Standards
1 = meets very few of the Federal Day Care Standards
2 = meets some of the Federal Day Care Standards
3 = meets most of the Federal Day Care Standards
4 = meets all of the Federal Day Care Standards

In processing and analyzing the various scores, DA used two basic approaches: raw scores and index scores. The raw scores are tabulations in various ways of the actual scores assigned to homes and administering agencies. The raw scores, however, have reporting limitations as their bulk makes handling and analysis burdensome. To overcome this, DA developed a compliance index score which combines all scores assigned (4 through 0) into a percentage on a scale of 100, with 100% indicating total compliance (all scores of 4) and less than 100% relative progress toward compliance.

The index of compliance was computed in percents from a weighted average of the compliance scores. In general, those with higher percentages tended to be in compliance to a greater extent than those with a lower score, although fluctuations occurred within certain categories. For example, a home going from an index score of 75 to 80 may have fewer 4's in the second index (although unlikely), but if this does occur it will then include many more 3's (meeting most standards), thus indicating it is attaining overall compliance to a greater extent.

From the above example it can be seen that a higher index score did not necessarily mean a greater percentage of compliance scores (greater number of 4's). Only a home that attained an index score of 100% was in total compliance for all areas (i.e., it has attained all 4's in all categories).

The final form developed for the project was the Monthly Budget Analysis form. This was designed to show the monthly cash flow of federal grant funds expended

in each component category. It required each project to maintain a monthly project expenditure record and provided them as well as the DA monitor with a record of what had been spent in each cost category.

C. Data Collection Approach

The data collection approach to the various project sites remained the same throughout the year although there were several types of visits conducted. The purpose of the first visit was to conduct a needs assessment of where each site was in relation to compliance with the proposed Federal Day Care Requirements. At three points over the year (June, September, and January), the control homes were also visited and their progress noted. During these three visits an evaluation was also conducted of the progress made by the administering agencies in reaching compliance with the federal requirements. Throughout each of the eight monitoring visits, the SHDCMQ was used by DA staff to evaluate each home visited. Both demonstration and control homes were evaluated using the same instrument. During the three visits when the agency was also evaluated, Section II of the SHDCMQ which applies to the administering agency was used.

The number of DA monitors used for each of the visits varied according to the scope of the visit. During the needs and final assessment, a three-member team visited each project site. Single member teams were used for each of the monthly monitoring visits, and teams of two members each were used during the June and September reassessment visits. Table No. [illegible] which follows, summarizes the number of visits made, the composition of DA staff, and the homes visited.

All monitors were sent to project sites with the standard questionnaires, written guidelines on monitoring procedures and techniques, background information on the project, written guidelines for reporting, federal day care standards, trend analysis scoring sheets and instructions, and monthly budget analysis forms.

Development Associates contacted each grantee by mail prior to each visit. Visits to the day care homes were arranged by project staff, with visits to each home lasting approximately one and one-half to two hours. Exit interviews were conducted at the end of each visit, thereby providing the monitors with an opportunity to talk with agency personnel about the project's progress. Although DA monitors were rotated from site to site, two or three visits to a site were usually made by the same monitor. This enabled DA monitors and the agencies to build up a relationship of mutual confidence and interest. It further permitted the monitors to gain insight into the difficulties encountered by the agencies and caregivers, and gain an appreciation of the change of attitudes and of the growth and development of project personnel, including caregivers, over the year as the project progressed.

Table 1

MONITORING SCHEDULE

SITE VISITATION SCHEDULE	SITE VISITED AND AREAS MONITORED																	
	Oklahoma City			Madison			Birmingham			Eugene			Butte			Philadelphia		
	DEMONSTRATION HOMES	CONTROL HOMES	ADMINISTERING AGENCY	DEMONSTRATION HOMES	CONTROL HOMES	ADMINISTERING AGENCY	DEMONSTRATION HOMES	CONTROL HOMES	ADMINISTERING AGENCY	DEMONSTRATION HOMES	CONTROL HOMES	ADMINISTERING AGENCY	DEMONSTRATION HOMES	CONTROL HOMES	ADMINISTERING AGENCY	DEMONSTRATION HOMES	CONTROL HOMES	ADMINISTERING AGENCY
Needs Assessment December 1972 January 1973 (three-member team)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Monitoring Visit April 1973 (one-member team)	X			1/			X			2/ X	X	X	X			X		
Monitoring Visit May 1973 (one-member team)	X						X			X			X			X		
Interim Assessment June 1973 (single-member team)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Monitoring Visit July 1973 (single-member team)	X			X			X			X			X			X		
Interim Assessment September 1973 (two-member team)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Monitoring Visit November 1973 (single-member team)	X			X			X			X			X			X		
Final Assessment January 1974 (three-member team)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

D. Data Analysis

From the field data collection, four types of data were available for analysis:

- questionnaire data on grantees and homes;
- subjective evaluation team inputs;
- trend analysis scores for grantees and homes; and
- budget/expenditure data.

Since the basic focus of the project was to measure the degree of project compliance with the proposed Federal Day Care Requirements, data analysis has been a relatively straightforward process.

The major element used for analysis was the trend analysis scores which were systematically arraved over time for each project and each component. These were then compared and analyzed to identify patterns or deviations requiring analysis. This process normally required selectively going back to the questionnaire data to seek explanations of what had occurred. In addition, the subjective inputs of the DA team members were used to provide additional analytic input and insight on the objective findings.

The final analytic process used was a systematic comparison and computation of various ratios on cost versus performance. This process was used to develop the basic cost findings and conclusions in this report. The same process, in abbreviated form, was then used to develop alternate family day care models and recommendations on methods.

E. Study Limitations

The Family Home Day Care Demonstration Project was designed to test the feasibility of providing home-based quality developmental child care within the context of the proposed 1972 Federal Day Care Requirements. By its very nature, the study was not intended to provide definitive or comparative data, but rather to provide OCD with relevant information which outlines how changes occurred and the problems encountered in the change process with six different systems. In addition, the study was designed to develop models which would promote quality home day care as well as conclusions and recommendations. In this regard, it should be noted that the objective of this project was not to compare the projects to each other.

Rather, each grantee was expected to progress at its own rate in upgrading their day care systems based on an initial needs assessment. However, the nature of the study inevitably dicated some comparison of the approaches used by grantees as a basis for the development of models, conclusions and recommendations.

In addition to the basic parameters dictated by the nature and focus of the project, other limitations derived from actual project events were present. In this section, we discuss these briefly.

One study limitation resulted from the method by which homes were initially selected for this study. Each grantee was asked to provide a list of homes based on the following two criteria:

- homes with caregivers who had been in operation for at least six months; and
- homes with caregivers who expected to remain in the program for at least 12 months.

From this list, 40 homes were selected and a needs assessment performed by DA field teams. The 40 homes were then divided into equal demonstration and control groups, using random selection procedures. However, since no controls over the homes listed by grantees were possible, it is probable that some grantees may have only listed stronger homes, while other grantees listed both weaker and stronger homes. Thus, the results for any grantee may not necessarily be representative of all homes in the system.

The second study limitation relates to funding and cost. Each of the six grants awarded was for a different amount of money. This in itself caused different levels of effort among the projects. In the case of Philadelphia, where the funding level was low, the project depended on local resources, whereas in the case of Birmingham, the grant was larger and accounted for most project costs. Since it was only possible to reliably document federal costs, and the extent of non-federal inputs is not known, the cost data may not necessarily reflect the total cost of improvement for all systems. In addition, grantees, in some cases, spent grant funds which were not directly related to bringing the home or agency into compliance with the 1972 proposed Federal Day Care Requirements. This situation tended to inflate federal cost figures for some of the projects.

In summary, this was a demonstration project designed to ascertain the feasibility of providing quality child care in home-based settings. The study was not designed to be definitive or to develop statistically reliable data and conclusions. We believe it provides valid, useful information for future planning and development as was the original intent, but further research is needed if definitive, representative data is required.

III. SUMMARY OF INDIVIDUAL PROJECT FINDINGS

This section is intended to provide the reader with a short overview of each of the demonstration sites. Each of the following project summaries includes a narrative of the progress grantees have made toward reaching compliance with the 1972 proposed Federal Day Care Requirements. In addition, each of the summaries includes a short description of unique ideas or methods used by grantees.

Included at the end of this section are Tables No. 2 and 3 which illustrate administering agency and home trend analysis scores for each of the six agencies.

BUTTE, MONTANA

The Family Home Day Care Demonstration Project in Butte was conducted by the Silver Bow County Department of Social and Rehabilitation Services. The grantee is a multi-service welfare agency serving Butte and other cities within Silver Bow County.

The project originally was to have been administered jointly by the Silver Bow Social Services Department and the local 4-C's office. At the time of funding, however, the 4-C program was having administrative problems leaving total project responsibilities to the county Social Service Department. As a result of these administrative problems, the demonstration project did not formally begin until April 1, 1973, one month after the grant award from the Office of Child Development. A social worker was employed out of federal grant funds to carry out project-related tasks. The federal grant awarded to the Silver Bow County Department of Social Services for the amount of $12,500 ran from March 1, 1973 to February 28, 1974. As of January 15, 1974, $9,206.45 had been spent by the project.

In the State of Montana, day care home licensing is a function of the State Social and Rehabilitation Services administered by resource workers stationed in district offices. The local county SRS offices have no function in the licensing process; their responsibilities relate only to the placement of children.

Before the beginning of the demonstration project, the practice of giving restricted licenses to homes without a complete investigation was almost routine. A decision was recently made by the district SRS Office that restricted licenses would only be granted after a thorough investigation revealing that a home conforms to minimum requirements. This change in policy can be attributed directly to the demonstration project.

The grantee has shown the greatest amount of progress toward reaching administering agency compliance in the areas of Grantee Compliance Monitoring, Training and Psychological Services. In all three of these areas the grantee has developed a systematic method of ensuring that the respective task is carried out and properly documented.

Limited changes took place in the areas of Health Services, Social Services and Parent Participation. There has been no change in the Transportation component during the project.

All demonstration homes reached compliance in the areas of adequate rest, sanitary food services, meeting code requirements, duration of stay in the home, continuity with home and school, and accounting for supervision. All except one home reached compliance in the area of healthy staff, and two homes did not reach compliance in the area of staff competence. In the areas of adequate nutrition, safety of building and premises, continuing development, children's records, providing sufficient caregivers, and operator competence, three or more homes were still out of compliance.

The most unique feature of the Butte project was the training program. Much of the training provided by the grantee was carried out in the caregivers' homes. For the most part, consultants visited homes and provided training to caregivers on an individual basis. This was done primarily because of their poor attendance at group training sessions.

The demonstration project has had definite effect on local policy. As mentioned above, the practice of giving restricted licenses without a proper inspection has been stopped. Further, the district SRS office has taken a number of sections from the proposed Federal Day Care Requirements and is using them for licensing day care homes in the area, instead of continuing to employ the less stringent state policy.

Another important effect of the project has been a change in the staff's attitude. They no longer see the day care home program strictly as a service to AFDC and WIN. Instead, they are now beginning to see the importance of providing developmental services to all children enrolled in family day care homes.

BIRMINGHAM, ALABAMA

The Jefferson County Department of Pensions and Security served as the Family Home Day Care Demonstration Project Grantee in Birmingham, Alabama. Technically, all federal demonstration grant funds were received by the State of Alabama in Montgomery and channeled to Jefferson County Department of Pensions and Security. In turn, actual project operations were administered by the Jefferson County Day Care Unit in Birmingham.

This unit is responsible for carrying out the licensing of all family day care homes and centers within Jefferson County. The total amount of federal grant awarded to the grantee was $52,585.00 to operate the program from March 1, 1973 to February 28, 1974. The total funds spent as of December 31, 1973 were $31,601.20.

The staff of the Family Home Day Care Demonstration Project consisted of four persons; the project director, a social worker, a clerk typist and a child development specialist who was hired specifically for the project. The project director is the supervisor of the county licensing unit and spent approximately twenty-five percent of her time working on project-related duties. The other three staff members worked full-time on the project.

Before the funding of the Family Home Day Care Demonstration Project, the Jefferson County Licensing Department's basic function was to issue Family Day Care Home and Day Care Center licenses. Homes were visited on an annual basis, with little or no technical assistance being provided to caregivers.

The addition of the three above-mentioned staff members employed under the demonstration grant changed this situation considerably, as demonstration homes were visited on a regular basis and assistance was provided to caregivers in all major component areas.

The project social worker and child development specialist each visited the demonstration homes on a monthly basis. The child development specialist visited the homes in conjunction with the training program and supplemented the training provided in the areas of developmental child care and nutrition. The social worker had responsibility for licensing demonstration homes and visited each on a monthly basis to ensure that all requirements were met. Control homes continued to be visited at six month intervals.

The two areas in which the grantee has improved considerably over the past year was in monitoring homes and training caregivers. The area of Health has also improved particularly with regard to obtaining children's medical exams. Limited improvement was made in Parent Participation and Psychological Services although efforts in these areas are still in the planning stages. No changes were observed in the areas of Social Services and Transportation/Safety. The grantee is rarely involved in the transportation of family day care children.

A greater degree of progress was made in bringing the demonstration homes into compliance then the agency.

In the homes, full compliance has been reached in the areas of adequate rest, healthy staff, meeting code requirements, duration of stay, continuity with home and school, supervision of children, children's records and the ratio of caregivers to children. In most remaining demonstration homes, compliance in the area of sanitary food service, providing adequate nutrition and accountability of caregivers has also been reached.

In the areas of ensuring the continuing development of children, safety of building and premises and providing emergency care, a number of homes were still out of compliance. In the area of safety, while definite improvements were made, hazardous conditions still existed in the majority of homes.

In the area of training, the grantee used two unique approaches, the first of which was the token system implemented as a means to:

- stimulate interest and generate enthusiasm among caregivers;
- reinforce positive learning behaviors; and
- demonstrate motivational techniques for learning.

Tokens were earned by caregivers for a variety of reasons, and could be exchanged for household items at monthly meetings.

The other unique approach used by the grantee was Cluster Training sessions. Caregivers in the demonstration group were divided geographically into four groups or "clusters." Cluster meetings were held in one of the caregivers' home. These meetings have been well received by caregivers.

As part of the project, caregivers in the demonstration group also recieved $.50 per day per child for food and $3.00 per month per child for equipment. The food supplement was calculated on the number of agency sponsored children in a home while the toy supplement was based on the total number of children enrolled in each home.

Licensed caregivers in Birmingham received $65.00 per month per agency sponsored full-time child and $33.00 per month for after school children. Caregivers are paid when children are sick and not in attendance in the home.

The grantee hopes to continue the project extending the same services to all homes in the future. Family day care state licensing standards have recently been rewritten in Alabama. However, at the writing of this final report, these standards have not as yet been published.

EUGENE, OREGON

The Children's Services Division of the State Human Resources Department was the grantee which conducted the Family Home Day Care Project in Eugene, Oregon. The Children's Services Division was confronted with several problems which delayed the start of the project. The delay was primarily due to the lack of understanding between the state and local offices of Salem and Eugene, respectively, with regard to the grant application and funding process, and the role of each office in the process. Once the problem was cleared up, the relationship between the state and local offices with regard to the project became one of cooperation and support.

During December of 1972, a team from Development Associates conducted a needs assessment in Eugene. In March of 1973, a joint decision was made by OCD and DA to conduct a second assessment of the program based on the fact that only 33 of the requested 40 homes were available for visits in December. It was felt by both parties, OCD and DA, that this reevaluation of the program would provide a more accurate picture of the strengths and weaknesses of the Family Home Day Care Program in Eugene. This reassessment was conducted during the first week in April.

The official letter of grant award was sent to the Salem Office by OCD on April 13, 1973. The grant received by Eugene totaled $12,319, and $5,640.93 has been spent to date. Because of the local problems stated above between the state and local Children's Services Division, actual project operation did not begin until June.

There are six persons involved in the Family Home Day Care Project to varying degrees. They include a supervisor, two day care caseworkers, a day care aide, a liaison consultant between the project and state CSD, a pre-certification aide, and a state certifier. The two day care caseworkers and the day care aide have major responsibility for monitoring homes and providing assistance to the demonstration homes.

During the project, more emphasis was placed on bringing the demonstration homes into compliance with proposed Federal Day Care Requirements than was placed on upgrading the agency. The administering agency reached full compliance in the area of Training. Progress toward compliance was also made in the area of Grantee Compliance Monitoring, and Parent Participation. Limited progress was made in the Health Services, Social, and Psychological Services. Transportation services are not direct functions of the agency, although indirectly some safety improvements have been made at the caregiver level.

Demonstration homes in Eugene reached full compliance in the areas of adequate nutrition, meeting code requirements, duration of stay in home, continuity with home and school, accounting for supervision and providing sufficient caregivers. In the areas of adequate rest, sanitary food service and staff competence, only one home was out of compliance at the time of the final assessment. In the areas of healthy staff, safety of building and premises, preventing accidents, emergency care, continuing development, children's records and operator competence, at least two or more homes were found to still have not reached full compliance.

The grantee identified training needs early in the project. Caregivers were asked what type of training they would like. The information gathered in this way, along with staff recommendations, were combined to form a list of overall training needs. From this list a plan was developed which included a total of thirteen (13) training sessions. The results of this training program are evident in the grantee's compliance training score.

During the project, the grantee developed an educational materials lending library. A project is also being planned by the advisory group to develop an equipment-lending credit system with local charitable organizations. A credit would be established by making a donation to one of these organizations. Once this credit has been established, the caregiver can request materials as needed, such as a crib, highchair or other furnishings which in turn would be counted against her credit.

The late starting date of the Eugene project made it difficult to measure the real impact of the project especially in such areas as developmental child care and agency compliance.

The project director anticipates that the project will continue using state and local resources. At the conclusion of the project, the CSD Day Care Unit plans to expand the project to all family homes within Lane County. It is hoped by staff that the project will someday serve as a model for other counties in Oregon in the development of their Family Home Day Care Systems.

MADISON, WISCONSIN

Dane County Department of Social Services is the grantee for the Family Home Day Care Demonstration Project in Madison, Wisconsin. Besides its regular function as a public welfare agency, the Department of Social Services is also responsible for certification of family day care homes in Dane County.

The participation of the Dane County Department of Social Services in the Family Home Day Care Demonstration Project was approv d by the Office of Child Development for the period between April 1, 973 and March 31, 1974. However, actual operation of the project did not begin until July of 1973. This delay occured as a result of the Department of Social Services' decision to delegate the project to 4-C's. Madison received a federal grant of $19,720 for this period of April 1, 1973 to March 31, 1974. Of this, $9,189.51 was spent by December 31. 1973.

One feature called for by the delegation sub-contract was the establishment of a planning team consisting of both 4-C and Social Services. This committee was established and employed a project coordinator to operate the demonstration project using federal grant funds.

The administering agency has made significant improvements toward reaching compliance in the areas of monitoring homes and training caregivers. In addition, certain improvements in Health Services, Psychological Services, and Parent Participation have been achieved. This grantee is not involved in transportation services to children.

All demonstration homes reached compliance in the areas of adequate rest, sanitary food service, duration of stay in home, continuity with home and school and providing sufficient caregivers. All except one home reached compliance in the area of healthy staff and all except two homes in the area of meeting code requirements. In each of the areas of adequate nutrition, safety of building and premises, preventing accidents, emergency care continuing development, children's records, staff competence and operator competence three or more homes were out of compliance.

In reviewing the data on Madison, it is important to note two factors which had an effect: the high dropout rate of caregivers (13 out of 40 or 32.5% were still in the project as of December 31, 1973) and the relatively short operational period (5 full months) when assessing the Madison project. These two factors combined make the Madison demonstration project results more tentative than for other projects.

OKLAHOMA CITY, OKLAHOMA

The Family Home Day Care Demonstration Project was conducted by the Oklahoma Department of Institutions, Social and Rehabilitation Services. The daily project operation was conducted by the Division's Oklahoma County Office, but supervisory responsibility was retained at the state level by the state licensing specialist. The federal grant awarded to the project was for the amount of $33,487 and ran from March 1, 1973 to February 28, 1974. The total funds spent to December 31, 1973 were $22,762.74.

A child development specialist and a licensing worker were assigned to work full-time on the demonstration project. The child development specialist was responsible for visiting the homes and implementing a program which assisted demonstration caregivers in upgrading their developmental child care skills. The licensing worker concentrated on providing support to caregivers and improving the physical condition of their homes.

The greatest improvements in the administering agency have occurred in the areas of monitoring homes and training caregivers. Prior to the demonstration project, homes were only visited for licensing purposes and no training was provided to caregivers. During the project, demonstration homes were visited on a regular basis and caregivers were given assistance by the grantee in numerous areas. In the areas of Psychological/ Social Services and Parent Participation, little or no improvement has occurred. The grantee has not been involved in transportation of the children. In the Health area, the grantee recently arranged for caregivers to be tested in their homes by the local health department.

All demonstration homes were in compliance with state and local code requirements for fire, safety, and sanitation. All caregivers were providing adequate rest conditions for children, and all but one were providing adequate nutrition and sanitary food practices. Children were left in homes only the necessary time, with only one exception. Three or more caregivers had not met proposed federal requirements in the areas of healthy staff, safety of building and premises, preventing accidents, emergency care, continuing development, continuity with home and school, children's records, and all sections of the caregiver/operator component. The weakest areas of compliance were in the areas of safety and of providing sufficient caregivers. Differences between the state and proposed federal day care requirements regarding the caregiver/child ratio accounts for the lack of compliance in this area.

The most unique feature of the Oklahoma City project was the use of the Rainbow Fleet*which consists of three mobile vans that visit family day care homes and day care centers. These vans are operated by the Creative Education Laboratory which receives funding from various public and private sources. The purpose of the Rainbow Fleet is to provide in-service training to day care personnel and to serve as an educational materials mobile-lending library.

The grantee has also assisted caregivers in the selection of educational materials by planning shopping trips for them. Caregivers are accompanied on these shopping trips by the grantee's child development specialist.

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*Formerly a single van called the "Magic Blue Bus."

During the project an attempt was made to include all county licensing workers in the planning, implementation, and evaluation of training. This was designed to give the county unit a base on which to begin to implement in all homes the ideas gained from the demonstration project. It is also anticipated that the results of this project will have an effect on the revision of new state standards for family home day care.

PHILADELPHIA, PENNSYLVANIA

The Family Home Day Care Demonstration Project in Philadelphia is operated by Associated Day Care Service, Inc., a private non-profit agency which operates 50 to 55 day care homes and two day care centers under a contract with the Philadelphia Board of Education. The total amount of federal grant awarded to the grantee was $7,023 to operate the demonstration project from March 1, 1973 to February 28, 1974. As of December 31, 1973, $1,180.97 had been spent.

Agency staff which were involved in the demonstration project were the director, assistant director, six social workers, and three day care aides. An education specialist is also on the staff and works with the staff and caregivers in the area of developmental training. Social workers and aides are assigned to day care homes and centers on a geographic basis and homes are visited by social workers bi-monthly and by aides bi-weekly. The aides work directly with the caregivers under the supervision of the social workers to whom they are assigned.

In addition to full-time staff, the agency employs a nutritionist and a psychologist on a consulting basis. As part of the demonstration project, a parent involvement consultant was also hired.

The State Department of Welfare in Pennsylvania has delegated licensing authority to Associated Day Care for homes in their system. Each home is inspected by a Social Worker before it is licensed and is checked for fire, safety, and sanitary conditions. Homes are licensed initially and are relicensed on an annual basis.

One of the unique elements of the Associated Family Home Day Care System is that caregivers are considered employees of the grantee agency. The caregivers receive $20.00 per week per child regardless of attendance. In addition, caregivers are given two weeks of paid vacation per year. The agency has also assumed the responsibility of assuring caregivers a substitute by having them serve as alternates for each other.

At the time of the final assessment, the grantee was in total compliance in five out of the seven agency components; Grantee Compliance Monitoring, Social Services, Psychological Services, Training and Transporation/ Safety. Improvements were also made in the area of Health. The component most affected by the demonstration project was Parent Participation where a functioning parent group had been developed. All demonstration homes were in compliance in the areas of adequate nutrition, sanitary food service, meeting code requirements, duration of stay in home and accounting for supervision. In each of the areas of adequate rest, healthy staff, continuity with home and school, providing sufficient caregivers, and staff competence, all but three or less homes were in compliance. In the areas of safety of building and premises, preventing accidents, emergency care continuing development, children records and operator competence, four or more homes were out of compliance in each key element.

It must be remembered that the Associated Day Care Service was relatively near compliance at the beginning of the demonstration project. At that time the agency provided many of the services required by the proposed 1972 Federal Day Care Requirements. This resulted in almost the same services being provided to both control and demonstration homes throughout the duration of the project.

Another unique feature of the system is that all supplies and equipment needed by the caregiver for the children are provided by the agency to the caregiver. Caregivers must agree to attend regular training sessions as a condition of employment by the agency. Caregivers are carefully selected by the grantee and must conform to agency standards in order to remain in the system.

ADMINISTERING AGENCY COMPLIANCE INDEX SCORES FOR ALL GRANTEES

COMPONENT		PHILADELPHIA				BUTTE				BIRMINGHAM			
		Needs Assessment (January 1973)	Interim Assessment (June 1973)	Interim Assessment (September 1973)	Final Assessment (January 1974)	Needs Assessment (January 1973)	Interim Assessment (June 1973)	Interim Assessment (September 1973)	Final Assessment (January 1974)	Needs Assessment (January 1974)	Interim Assessment (June 1973)	Interim Assessment (September 1973)	Final Assessment (January 1974)
Monitoring Compliance	Staff	100	100	100	100	50	100	75	100	50	100	100	100
	Monitoring	75	100	100	100	50	75	75	100	50	75	50	100
	Effectiveness	100	75	100	100	25	75	75	100	75	100	75	75
	Grievance Procedures	75	100	100	100	25	50	50	50	25	25	25	25
Health Services	Child Medical Treatment	75	75	100	100	25	25	75	75	25	25	75	75
	Child Dental Treatment	25	25	50	50	25	25	25	25	25	25	25	50
	Caregiver Health	75	75	75	75	75	50	75	75	100	100	100	100
	Health Training	75	50	100	100	25	25	75	50	25	25	50	75
	Utilizing Local Resources	50	75	75	75	25	50	75	75	50	75	75	50
Social Services	Service Plan	50	100	100	100	50	0	75	75	25	0	25	25
	Service	75	100	100	100	50	25	100	100	25	25	25	25
	Utilizing Local Resources	50	75	100	100	50	0	100	75	25	25	25	25
Psych. Services	Service Plan	50	100	100	100	25	75	75	75	0	25	50	0
	Problem Identification	75	100	100	100	0	50	100	100	25	0	25	0
	Treatment/ Service	50	100	100	100	50	25	100	100	0	0	0	0
	Utilizing Local Resources	50	100	100	100	50	75	75	100	25	25	25	25
Training Car. Dev.	Training Plan	100	100	100	100	50	100	100	100	25	100	100	100
	Training Need Identification	100	100	100	100	25	100	100	100	25	100	100	100
	Utilizing Training Resources	100	100	100	100	75	100	100	100	25	75	100	100
	Impact	100	100	100	100	50	75	100	100	25	50	75	100
Parent Participation	Comp of PAG	50	75	100	100	25	0	0	100	100	100	100	100
	By-Laws	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Involvement	50	50	75	100	25	0	0	25	25	25	25	50
	Relevant Information Flow	50	75	100	100	25	0	0	25	50	50	50	50
Transp./ Safety	Safe Vehicles	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Safe Drivers	75	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Transportation Time	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Supervision	75	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	TOTALS	72	87	94	95	38	48	71	79	36	52	58	59

Table 2 (cont.)

ADMINISTERING AGENCY COMPLIANCE INDEX SCORES FOR ALL GRANTEES

COMPONENT		EUGENE				OKLAHOMA CITY				MADISON			
		Needs Assessment (January 1973)	Interim Assessment (June 1973)	Interim Assessment (September 1973)	Final Assessment (January 1974)	Needs Assessment (January 1973)	Interim Assessment (June 1973)	Interim Assessment (September 1973)	Final Assessment (January 1974)	Needs Assessment (January 1973)	Interim Assessment (June 1973)	Interim Assessment (September 1973)	Final Assessment (January 1974)
Monitoring Compliance	Staff	50	75	100	100	75	75	100	100	75	50	100	100
	Monitoring	50	75	75	75	50	75	75	75	50	50	50	75
	Effectiveness	50	50	75	75	75	75	75	75	25	25	75	75
	Grievance Procedures	75	25	25	25	50	25	25	75	25	25	25	25
Health Services	Child Medical Treatment	25	25	25	25	25	25	25	25	75	50	25	25
	Child Dental Treatment	25	0	0	0	0	0	0	0	0	0	0	0
	Caregiver Health	50	25	75	75	25	25	25	25	75	50	50	75
	Health Training	50	25	50	50	25	25	50	75	25	25	25	75
	Utilizing Local Resources	50	50	50	50	50	50	75	75	50	50	75	75
Social Services	Service Plan	25	0	50	50	50	50	50	50	0	0	50	50
	Service	25	25	50	50	75	75	75	75	25	0	50	50
	Utilizing Local Resources	25	50	50	75	50	50	75	75	25	0	50	75
Psych. Services	Service Plan	25	0	0	0	50	50	50	50	0	0	50	50
	Problem Identification	0	0	0	25	25	25	25	25	25	25	25	75
	Treatment/Service	0	0	0	25	50	50	50	50	0	0	0	0
	Utilizing Local Resources	25	0	0	25	50	50	50	50	25	0	50	50
Training Car. Dev.	Training Plan	25	25	100	100	25	25	100	100	50	50	100	100
	Training Need Identification	25	50	100	100	0	25	75	75	25	25	100	100
	Utilizing Training Resources	25	50	100	100	25	25	75	75	50	50	75	75
	Impact	0	0	100	100	25	25	75	75	50	50	75	75
Parent Participation	Comp. of PAG	0	0	0	100	75	75	75	100	0	0	100	100
	By-Laws	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Involvement	0	0	25	50	0	0	0	25	25	25	25	25
	Relevant Information Flow	50	0	25	25	25	25	25	50	25	25	25	25
Transp./ Safety	Safe Vehicles	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Safe Drivers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Transportation Time	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Supervision	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	TOTALS	29	24	47	57	37	40	54	61	32	23	55	60

Table 3

HOME COMPLIANCE INDEX SCORES FOR ALL GRANTEES

COMPONENTS		Needs Assessment (January 1973)	Interim Assessment (June 1973)	Interim Assessment (September 1973)	Final Assessment (January 1974)		Needs Assessment (January 1973)	Interim Assessment (June 1973)	Interim Assessment (September 1973)	Final Assessment (January 1974)
		Philadelphia					**Eugene**			
Health	Demonstration	84	90	94	98		75	80	90	93
	Control	85	88	92	94		89	79	93	88
Safety	Demonstration	75	83	88	79		67	73	85	80
	Control	71	80	73	72		67	77	78	77
Developmental Child Care	Demonstration	95	95	91	93		74	92	94	94
	Control	93	89	92	84		80	90	85	94
Caregiver/Operator	Demonstration	77	78	80	76		76	81	77	87
	Control	78	79	82	84		74	84	87	83
TOTAL	Demonstration	82	85	88	87		72	81	87	88
	Control	81	83	84	85		77	82	85	86
		Butte					**Oklahoma City**			
Health	Demonstration	92	81	89	93		69	80	90	92
	Control	94	75	97	86		81	87	94	82
Safety	Demonstration	74	80	81	87		67	63	87	80
	Control	73	76	63	65		70	62	75	76
Developmental Child Care	Demonstration	63	91	99	95		78	74	93	91
	Control	90	85	98	79		86	90	91	82
Caregiver/Operator	Demonstration	62	82	79	79		64	62	81	74
	Control	57	66	70	55		68	79	62	71
TOTAL	Demonstration	75	83	86	87		69	70	87	84
	Control	77	74	80	70		75	78	79	77
		Birmingham					**Madison**			
Health	Demonstration	93	86	94	94		94	87	95	95
	Control	97	88	98	96		94	82	94	100
Safety	Demonstration	70	84	81	81		61	81	78	88
	Control	82	81	86	83		55	84	72	81
Developmental Child Care	Demonstration	72	78	89	89		81	85	100	92
	Control	81	84	89	89		71	87	79	90
Caregiver/Operator	Demonstration	73	79	79	98		67	72	86	85
	Control	75	72	69	80		64	72	82	69
TOTAL	Demonstration	77	82	85	92		75	81	89	89
	Control	83	80	84	86		70	82	82	84

IV. PRESENTATION OF STUDY DATA AND ANALYSIS

The data which was collected throughout the Family Home Day Care Demonstration Project is divided into three main categories: Administering Agency, Caregivers, and System Costs.

In this first section, we present data on the six administering agencies which participated in the demonstration project. Included is a discussion of the three types of agencies which were included, as well as the staffing patterns of each. A section is also devoted to the agency trend analysis findings which discuss the efforts of the grantees to reach compliance with the proposed Federal Day Care Requirements.

The last two sections within the administering agency component deal with a comparison of federal and state licensing requirements and development and use of local resources by each of the grantees.

In the second section we present data on the caregivers including caregiver profiles, trend analysis findings, caregiver finances, caregiver retention, and a discussion of caregiver's attitudes toward training and developmental child care.

The third section deals with the complicated question of system costs. In this section, data on compliance and costs is presented and analyzed from several perspectives.

This portion of the report concludes with a detailed presentation and discussion of our findings and conclusions as a result of this project.

A. Administering Agency

1. Types of Administering Agencies

Five of the six demonstration project administering agencies were public agencies. In each of the five cases, Dane County Department of Social Services (Madison), Jefferson County Department of Pensions and Security (Birmingham), Children's Services Division of Dane County (Eugene), Oklahoma Department of Institutions, Social and Rehabilitation Services (Oklahoma City), and the Silver Bow County Welfare Department (Butte), the administering agency also provided welfare and/or social services. The sixth grantee, Philadelphia, is a private non-profit agency, and provides only day care services. Table4 which follows summarizes the functions of each of the six project grantees.

TABLE 4
Administering Agency Functions

Grantee	Status as of:	Accepts Applications for Family Day Care Homes	Licensing	Monitoring Licensed Homes	Re-Licensing	Placement of Agency Paid Children	Payments to Day Care Providers	Provides Other Welfare and Social Services
Dane County Department of Social Services Madison, Wisconsin	Jan. 1973	Yes	Licenses are issued for one year	No New plans call for 6-month monitoring	Yes Every 12 months	Yes	Yes	Yes
	Jan. 1974	Yes	Licenses are issued for one year	No	Yes	Yes	Yes	Yes
Silver Bow County Welfare Department Butte, Montana	Jan. 1973	Yes	No Licensing done by District SRS Office	No[1/] Plan calls for monitoring every six months	No	Yes	No State SRS Office function	Yes
	Jan. 1974	Yes	No	No[1/]	No	Yes	No	Yes
Jefferson County Department of Pensions and Security Birmingham, Alabama	Jan. 1973	Yes	Yes Issued for two years	Yes[1/] Plan calls for once quarterly, actually visiting once per year	Yes	Yes	No State Office	Yes
	Jan. 1974	Yes	Yes	Yes	Yes	Yes	No	Yes
Lane County Children's Services Division Eugene, Oregon	Jan. 1973	Yes	No Licensing done by State Office	No	No State Office	Yes	No State Office of CSD	Yes
	Jan. 1974	Yes	No Current plans call for licensing by local unit	Yes Homes are visited by day care caseworker at least every six months	No	Yes	No	Yes

TABLE 4

Administering Agency Functions

Grantee	Status as of:	Accepts Applications for Family Day Care Homes	Licensing	Monitoring Licensed Homes	Re-Licensing	Placement of Agency Paid Children	Payments to Day Care Providers	Provides Other Welfare and Social Services
Oklahoma Department of Institutions, Social and Rehabilitative Services Oklahoma City, Oklahoma	Jan. 1973	Yes	Yes One Year	Yes Quarterly	Yes	Yes	Yes	Yes
	Jan. 1974	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Associated Day Care Service, Inc. Philadelphia, Pennsylvania	Jan. 1973	Yes Recruits family day homes for the system	Yes 12-month Supervised by the State	Yes Twice per month	Yes	Yes	Yes	No Referral
	Jan. 1974	Yes	Yes	Yes	Yes	Yes	Yes	No

1/ Monitoring is called for by regulation on a regular basis but, because of shortage of staff, it is not done.

Public Agencies

The five public administering agencies can be further broken down into those which have direct responsibility for licensing family day care homes on the county level as in Oklahoma City, Madison, and Birmingham, and those which license day care homes at the state level, as in Butte and Eugene.

Prior to the demonstration project, the agencies in Oklahoma City, Madison, and Birmingham were only responsible for licensing. Day care homes were normally visited on an annual basis to carry out the necessary administrative functions of licensing and relicensing. During these home visits, primary attention was given to the physical aspects of the home environment, while little attention was given to the developmental needs of the children who were enrolled in the day care homes.

The situation was much the same in Butte and Eugene. In both of these cases neither the state licensing office nor the local administering agency assumed the responsibility for insuring that developmental care was provided in the family home day care setting.

In Eugene, the state certifier works out of the Children's Service Division of the State Welfare Department. Prior to the demonstration project, county level caseworkers made visits to day care homes for the purpose of providing technical assistance. Currently, the State of Oregon is undertaking a decentralization process which will make day care licensing a function of the local county unit.

The licensing of family day care homes in Butte is the responsibility of the District Office for Social and Rehabilitation Services of the State Welfare Department. The local welfare department assumed no responsibility for day care services except for the placement of children. Due to the great demand for day care homes and the lack of licensing staff, a number of the homes received a restricted license before a full home study was conducted. As a result, a number of homes with sub-standard conditions were initially licensed. It was the general opinion at the time of the needs assessment that day care services in Butte were operated as a service to the WIN and AFDC programs rather than as a service to the children enrolled in the program.

At the time of the needs assessment, Eugene was preparing to begin a a project which would improve the delivery of home day care services. Two caseworkers had recently been designated to work with both parents and caregivers. Some of their tasks,as spelled out in a "rough draft" of their job descriptions, included the following:

- sending out a regular newsletter;
- acting as a liaison with other agencies and community;
- initiating and conducting regular workshops;
- holding monthly providers' meetings;
- insuring follow-up on requirements; and
- maintaining monthly statistics.

However, no overall plan had yet been developed by the agency to carry out these functions.

In essence, each of the five public grantees had no plan for providing developmental services to children. Stress was placed on providing a safe home environment and the meeting of each state's respective licensing requirements.

The demonstration project provided each agency with a basis for developing a plan for the delivery of services to day care children. This plan not only related to the physical/environmental needs of the child, but also to their health and developmental needs. In reality, the demonstration project itself changed the roles and responsibilities of the administering agency in each of the five publicly administered sites.

One problem that public agency grantees experienced to varying degrees was the inflexibility of existing state regulations. A good example of this problem was evidenced in the attempt of at least two of the grantees to obtain the children's medical documentation necessary to comply with the proposed federal requirements. In these two cases the state has a prescribed system of maintaining records, namely, by the division of the agency which pays for the services provided. These records are considered confidential and, therefore, in many cases were unavailable to the day care staff.

At the other extreme was the absence of state regulations or, in some cases, the presence of less stringent regulations concerning privately paid children. This placed the administering agency in a situation where it was forced to administer two different sets of standards for children enrolled in the same homes. A notable example of less stringent state regulations was the lack of any type of requirement concerning medical examinations and immunization for private children as a prerequisite for enrollment into the family day care home. This exists in three of the six demonstration systems.

Another problem encountered in the case of the administering agency in Eugene was its lack of authority to negotiate the grant due to certain state requirements that must be met before grants can be negotiated. In the State of Oregon this includes approval by the State Ways and Means Committee and the Governor's Executive Department.

Generally, all five of the public administering agencies outside of the demonstration project tended to have large caseloads of homes, ranging from 70 to 150 homes per worker. This caseload severely limited the amount of time that a caseworker was able to spend working with any one caregiver. It also tended to limit contacts between caregivers and caseworkers to licensing, placement of children, and following up on complaints made against caregivers by parents.

Private Agencies

Associated Day Care Services, Inc., the administering agency in Philadelphia, was the only private grantee included in the Family Home Day Care Project. Associated Day Care Services, Inc. is a private non-profit agency which operates under contract with the Philadelphia Board of Education. The agency is funded through Title IV-A, the United Fund, the State Department of Welfare, and receives food reimbursement from the state. One unique factor is that the grantee has been delegated the authority to license family day care homes by the State Welfare Department.

This grantee sets certain minimum standards which caregivers are expected to meet. These standards include attendance at all monthly training sessions and the maintenance of physical standards in the homes. In turn, caregivers are considered employees of the agency. This entitles caregivers to a two-week paid vacation and monthly payment based on the number of children enrolled in the home, rather than based on the attendance of the children. As the caregivers are considered employees, their services may also be terminated by the administering agency.

The agency not only sets minimum standards which it expects the caregiver to adhere to, but it also assists the caregivers by supplying all materials they will need in caring for children, with the exception of food. Training was provided to all caregivers on a regular basis even before the beginning of the demonstration project. In addition, regular visits to all homes were conducted by the administering agency. For the most part, attitudes of caregivers and staff were highly professional and child-oriented.

The strength of this type of system lies in the ability of the administering agency to design its own standards and operate the system based on these pre-imposed standards. The small number of homes and the number of staff available to monitor them also enhances its strength.

Delegated Agencies

It is difficult to draw any real conclusions about delegated programs because of several constraints that were a function of the demonstration project. First, Madison was the only delegated program, and this delegation was not a part of the original demonstration project design. The decision to delegate the demonstration project evolved out of internal administering agency problems in starting the demonstration project. This lead directly into the second constraint which was the late starting date. The demonstration project in Madison did not begin until July 1973, which meant actual operational time for the purpose of evaluation was only about five months. The third factor which limits any conclusions on the delegated approach was the unusually high dropout rate of homes. By the conclusion of the project there were only four control and seven demonstration homes still participating in the project. The three factors above require that this discussion of the advantages and disadvantages of family home day care delegated programs be somewhat limited.

As mentioned above, the grantee in Madison was the County Welfare Department. The only real involvement the department had in day care prior to the project was the placement of agency paid children and certification and recertification of homes and centers.

Generally, the advantage of delegated programs is that it allows a multi-purpose public agency to delegate portions of the program to specialists, as for an example, to the 4-C's Agency in Madison. The demonstration project in Madison benefited from this delegation, since 4-C's had expert staff and an already established network which had been dealing with day care centers and homes in a developmental context as opposed to the County Welfare Department whose focus had been, for the most part, custodial.

In addition, this delegation resulted in a better level of coordination between 4-C's and the County Welfare Department. It provided a situation where both agencies were sharing responsibilities for the work in the homes. An outgrowth of this greater level of cooperation was the development of a joint planning board between the two agencies.

2. Administering Agency Staffing

Each of the six demonstration projects developed staffing patterns based on the needs assessment recommendations prepared by Development Associates while taking into account their own resources. In most cases this meant reallocating already existing personnel resources to fit into an overall plan with personnel employed under the demonstration grant. In all six cases, supervision was supplied by the reallocation of time of local personnel. The estimated amount of time spent on the project by supervisory personnel is shown in Table 5 below. In a significant number of cases, other supervisory personnel were also involved for fractional time periods.

With the exception of Philadelphia and Eugene, personnel working directly with the project homes were hired with federal demonstration funds. In the case of Philadelphia, no staff changes took place. The six social workers and three aides continued to visit homes on a regular basis. In the case of Eugene, the two day care workers estimated that they spent roughly 80% of their time on demonstration project related tasks. Table 6 lists each site and the full-time staff positions paid from federal grant funds.

TABLE 5

Estimated Time Spent on Project by Supervisory Personnel

Project Site	Project Position	Percent of total time allocated to Demonstration Project
Butte	Director of Welfare Department	5%
	Social Worker Supervisor	20
Madison	Director of Social Services	less than 1%
	Director of 4-C's	6
Eugene	Assistant Regional Director	5
	Supervisor of Day Care Unit	50
	State Liaison Consultant	42
Oklahoma City	Specialist Licensing Services of Child Care Facilities	30
	Chief, Bureau of Children Services	5
	Supervisor of Licensed Services	5
Birmingham	Director	33
Philadelphia	Director	5
	Assistant Director	5

TABLE 6
Full-Time Staff Positions Paid Out of Federal Funds for Project

Project Site	Staff Position
Oklahoma City	Social Worker (Child Development Specialist) Assistant Social Worker
Birmingham	Child Care Consultant Social Worker Secretary
Butte	Social Worker
Eugene	Social Worker Aide
Madison	Day Care Coordinator

As Tables 5 and 6 reflect, all federal grant personnel funds were used to employ outreach staff to work directly with caregivers. Since the needs assessment study indicated the need for additional staff to upgrade and provide regular monitoring, this, at least in part, accounts for the high proportion of outreach staff paid by federal funds.

In all cases except Philadelphia, normal caseloads of outreach staff were reduced to allow greater concentration on the demonstration project homes. The summary in Table No. 7 details the existing caseload of outreach workers at the time of the needs assessment compared to caseload assumed by demonstration project outreach staff.

TABLE 7
Caseworker/Workload Ratio Before and After Project Start-Up

Project Site	Needs Assessment Ratio	Demonstration Project Ratio
Oklahoma City	One licensing worker for 70 homes	One licensing worker and one chil development specialist for 20 demonstration project homes
Madison	Two full-time and two part-time aide certifiers and a day care consultant (no data available on number of homes)	One full time coordinator for 20 demonstration homes
Birmingham	One licensing worker for 150 homes	One child development specialist and one social worker for 20 demonstration and 20 control homes
Eugene	One pre-certification aide, one state certifier and two day care caseworkers for 300 homes	80% time spent by two day care caseworkers on 20 demonstration homes. Additional caseworkers to monitor 20 control homes and assist the day care caseworkers with demonstration homes
Butte	One resource worker licensing homes in a five-county area (including 75 homes in Silver Bow County). 4-C day coordinator for visits to 75 homes on an irregular basis in Silver Bow County	One social worker for 20 demonstration homes and one 4-C worker monitoring 20 control homes (SRS worker responsible for licensing function)
Philadelphia	Six caseworkers, three day care aides, and one education specialist for 52 homes and two day care centers	No change

All six projects used consultants for training caregivers. A psychologist and a nutritionist were employed by Philadelphia at the time of the needs assessment, and they continued to provide services throughout the project. In addition, a parent involvement consultant was hired by Philadelphia to organize a parent group. Butte also employed a local psychologist on a consulting basis to evaluate caregivers, and to identify learning and behavior problems. Madison recently contracted with a psychologist to provide training to the caregivers. The grantee in Birmingham contracted with a local university to train caregivers in identifying learning and behavior problems. This grantee has also employed two day care parents to work in the organization of a parent group. Other consultants were employed on an individual needs basis throughout the six grantees. Eugene worked directly with the local community college in providing training to caregivers in the demonstration group.

3. Administering Agencies Compliance and Trend Analysis

Overview

The two areas in which notable change and improvements have been made were Grantee Compliance Monitoring and Training. Little improvement toward compliance was made in the areas of Health and Psychological Services, and no improvement occurred in the areas of Social Services and Transportation/Safety. In the area of Parent Involvement, an effort was made by each of the grantees, but in most cases the impact of these efforts is just beginning to affect their programs.

In addition to the changes which have occurred relative to the proposed federal requirements, several changes have taken place with regard to the attitude of the staff toward family day care. Programs have become more child-oriented as staff perceived family day care as a service to children rather than merely a service to their working parents. This change in attitude has caused programs to concentrate more on training caregivers in developmental child care while providing them with the supportive services they need in other areas as well.

As a result of the demonstration project, a change has also occurred with regard to state licensing requirements. In most cases, the proposed federal requirements with respect to the safety conditions of the homes are more stringent than those required by the individual states. In at least one case, Butte, the staff has made informal changes with regard to state standards; in Oklahoma City, Birmingham and Madison, new state standards are in the process of being developed.

One of the most notable changes which has occurred relates to the perception of the staff of the family day care system. Prior to the start of the project, in the majority of the systems emphasis was placed on licensing day care homes. As a result of the project, staff have come to view family day care as a more comprehensive system of child care involving nutrition, safety, and developmental child care.

In the following section we discuss the efforts made by the grantees to bring the agency into compliance with the proposed federal requirements in the areas of Grantee Compliance Monitoring, Health, Psychological/Social Services, Training, Parent Participation and Transportation/Safety.

a. Grantee Compliance Monitoring

Grantees' systems of monitoring day care homes and maintaining records on the caregivers and children enrolled have improved as a result of the demonstration project.

Prior to the start of the demonstration project, homes were visited primarily for licensing purposes except in Philadelphia, where homes were visited at least monthly and training and technical assistance provided to all caregivers. At the time of the needs assessment, Eugene was also moving in this direction. In general, the other four grantees viewed family day care as a system of licensed home facilities rather than as a group of caregivers providing developmental care to children. While homes were routinely visited from one to four times each year, the emphasis of the visits was placed on meeting state licensing requirements rather than on providing assistance to caregivers or on the quality of the care they were providing.

As a result of the project, homes in the demonstration group have been visited on a regular basis, at least monthly, by project staff. The focus of these visits has been expanded to include training and assistance to caregivers in the areas of nutrition, children's activities, safety practices, and toys and materials. A more thorough check of safety conditions has also been conducted and the grantees have made efforts to inform caregivers of deficiencies which need correction.

One of the main reasons for the improvements in the monitoring procedure was the reduction in the staff/caregiver caseload ratio which the project brought about. Prior to the start of the demonstration project, the staff/caseload ratio was extremely high. Each staff member was responsible for licensing homes initially, relicensing them annually, and maintaining a record of visits made for these purposes. With the

number of homes assigned, this left little time, if any, for follow-up visits for other than licensing purposes. As a result, when homes were visited, little if any assistance or training was provided to the caregivers in the areas of nutrition or developmental child care. The caregivers generally related to the agency as a licensing unit rather than as provider of technical assistance.

Throughout the project, the caregiver/staff ratio decreased considerably in all cases except Philadelphia, where it remained the same. In four agencies, Butte, Oklahoma City, Madison and Birmingham, project staff were responsible for demonstration homes only; in Eugene and Philadelphia, staff continued to work with homes outside of the demonstration project. Regular visits were made to all homes in the demonstration group, thereby making follow-up on the problems identified possible.

In the early months of the project, staff visits concentrated on correcting safety hazards in the homes, and in providing the caregiver with assistance in the areas of record keeping and nutrition. As these areas showed improvement, more time was spent on the areas of developmental child care, activities, and planning.

Because the homes were visited more frequently, the relationship between the caregivers and the staff also changed and improved. The staff were better able to assist caregivers and follow up on deficiencies as they came to know the caregivers better. The caregivers' perception of the agency also changed; they began to view the staff as able to provide assistance to them in areas other than licensing. Caregivers felt more comfortable about contacting the agency and many came to see themselves as part of a total day care system rather than as an individual babysitter.

Prior to the start of the project, only one of the grantees, Philadelphia, maintained individual files for each child enrolled in family day care. The other agencies maintained files on the caregivers while information about the children was contained in family files kept by the social service agency caseworkers. As a result, the grantees did not maintain current information on each child, including background, medical or family history data, special problems or documentation of referrals made. One of the recommendations made in the original needs assessment was that each grantee establish a record keeping system in which individual children's records would be maintained. However, only one of the grantees, Butte, has established such a file as part of the demonstration project. The remaining grantees

still maintain records for each caregiver in the system. Usually included in the caregivers' files are copies of the licenses, medical records, and a running log of visits and contacts made with the caregiver throughout the year.

The reason for a lack of change in the area of maintaining records appears to be the state record keeping system within which all grantees, with the exception of Philadelphia, must operate. Traditionally, information on individual children is kept in their parents' files which are maintained by the social worker in the welfare department.

b. Health

The local medical requirements for caregivers, children, and agency staff differed greatly among the six grantees as reflected in Table 8. Prior to the start of the project, only one of the grantees, Birmingham, required caregivers to have blood tests as part of their annual physicals.. Three other grantees, Madison, Eugene and Philadelphia, required annual physical exams which included a TB test. Two of the grantees, however, Butte and Oklahoma City, only required an annual doctor's statement assuring that the general health of the caregiver was good, and that she was free of communicable disease. Although Butte required caregivers to take a TB test, this was not always noted in the doctor's statement.

The medical requirements for children also differ. Only two of the grantees, Birmingham and Philadelphia, require annual physicals for all children in day care homes. Eugene also requires physicals for children but only those whose care is paid for by the agency. Madison requires a TB or chest X-ray for children while Butte and Oklahoma City have no requirements at all.

As part of the project, each grantee made an attempt to have each caregiver in the demonstration group take a blood test. All but 12 caregivers of the remaining 137 were in compliance in the area of healthy staff by the final assessment visit. Although no changes have been made in the state requirements for either caregivers or children, the grantees did attempt to comply with the proposed federal health requirements. In some cases, however, the grantee's efforts were made more difficult by the state requirements.

In cases where grantees required medical exams, the documentation varied. With regard to children's records, Eugene and Oklahoma City had no access to medical records while it was difficult for the

TABLE 8

HEALTH REQUIREMENTS FOR CAREGIVERS AND CHILDREN BY GRANTEE			
Grantee	Caregiver		Children
	Annual Physical	Doctor's Statement	Annual Physical
Birmingham	Including TB & Blood Test	Bi-annually	Required
Butte		TB Required but not documented	
Madison	Required		Chest X-Ray or TB Only
Oklahoma City		Required	
Eugene	Including TB Test Only		Agency paid children only.
Philadelphia	Including TB Test Only		Required

staff in Butte to collect medical records from parents of private children. Philadelphia and Birmingham kept copies of the caregiver's medical statement in each caregiver's file. No direct dental care was being provided by any of the grantees although assistance was given to parents in making use of local resources.

Substitute Caregivers

Only one of the grantees, Philadelphia, has a formal substitute caregiver system. Each caregiver is assigned an alternate caregiver who will care for her children in an emergency. Because all substitutes are licensed caregivers, both the agency staff and parents are assured that the children will be cared for in accordance with agency policies. When a caregiver needs her alternate, the social worker and parent are always notified. The alternate caregiver system in Philadelphia works extremely well. Caregivers are pleased with the system because it enables them to take off for holidays and to plan their annual two weeks vacation in advance. Parents are assured that their children will be provided continuous care in emergencies and the agency staff is always aware of who is caring for the children.

In all other agencies, the responsibility for selecting substitutes is left to the individual caregiver. Caregivers generally select a friend or relative to care for the children when an emergency arises. In most cases, the grantees do little to monitor the substitute caregiver system. Four of the grantees, Eugene, Oklahoma City, Birmingham and Butte do maintain a list of all substitutes but these are not always accurate or up to date. All arrangements and instructions are left to the caregiver and parents and the grantees have few requirements for substitutes. Except in Philadelphia, where all substitutes are other caregivers, substitutes are not required to have medical exams or to comply with other agency policies.

Nutrition

All of the grantees require the caregivers to provide lunch and two snacks for children in their care. In some cases, where children are cared for privately, the parents supply some or all of the food. If payment is being made by the agency, the caregiver is expected to assume this responsibility.

The majority of caregivers take this responsibility seriously and feed the children well. As the cost analysis section bears out, the largest expense to the caregiver is food for the children. In many cases, caregivers exceed the agencies' requirements by feeding the children breakfast and/or dinner as well as the required lunch and snacks.

The nutritional value of the meals and snacks being served has varied, however, with each home. Prior to the start of the project, only Philadelphia and Eugene provided any formal training to caregivers in nutrition. The other grantees verified that meals and snacks were being served during home visits with only limited nutritional assistance being provided to the caregivers on an as needed basis.

As part of the project, training in nutrition has been provided by most of the grantees. Two of the programs, Philadelphia and Birmingham, have emphasized the nutrition component throughout the project. Emphasis has been placed on basic nutrition and exposure to new ideas for feeding young children. The most notable effect of the training has been in the caregivers' attitudes. Caregivers now seem more aware of giving children snacks like fruit or raw vegetables in addition to the more typical milk and cookies, and have become more open to new ideas of ways to involve children in food preparation and meal-related activities. All of the grantees send out news letters to the caregivers and suggestions about meal planning are often included in them. During home visits, the staff have supplemented the formal training provided by discussing meal planning and nutrition with individual caregivers. Little has been done in the area of consumer affairs although staff are willing to assist caregivers in this area when needed.

Philadelphia has had a consultant nutritionist on its staff for several years. She participates in the in-service training program and works directly with staff who then discuss nutrition with the individual caregivers. The entire staff feels that the caregivers have greatly benefited from her assistance.

c. Psychological Services/Social Services

Prior to the start of the project, only one grantee, Philadelphia, had an established procedure whereby children with special needs or problems could be identified and referred for treatment when needed. For several years, Philadelphia has had a consultant psychologist who is available to diagnose children in the day care homes, discuss their problems with caregivers, and make referrals for treatment when needed. In addition, he participates in the training program provided to all caregivers in the system.

As part of the demonstration project, only two other grantees, Butte and Madison have added this component to their program by contracting with a consultant psychologist. In Butte, he has visited each of the homes in the demonstration group and evaluated both the children and the caregivers. If he identifies a significant learning or behavior problem, he then conducts a more in depth evaluation including testing, if he feels it is necessary. A meeting is then held with the caregiver, parent and project staff to discuss the problem and implement a program to help the child. As part of the demonstration project in Butte, all children in the demonstration homes are also being evaluated once every four months by the caregiver and project social worker. The social worker has compiled a form which is completed jointly by her and the caregiver for each child. This activity serves a dual function: it identifies potential learning or behavior problems and it serves as an evaluation of the child's developmental growth.

In Madison, the grantee has contracted with a psychologist from the County Mental Health Department to conduct training for the caregivers in the demonstration group. In addition, she will be available to provide consultant services as needed to the project's planning committee and assistance to individual caregivers who are having problems with a particular child.

The remaining three grantees, Eugene, Oklahoma City, and Birmingham do not have a system by which children's special needs or problems may be identified. The role which these agencies play centers around making referrals when a problem is brought to their attention. One of the reasons for the lack of a system in these agencies is the role which they have traditionally played with regard to referring families. Each of these agencies is connected with the Welfare Department and as a result the role of the day care or licensing unit has largely been one of making referrals. When a child is identified as having a problem by his parent, the caregiver or by the staff, a referral is made to the parent's caseworker who assumes the caseload responsibility for the entire family. If the child's family is not receiving financial assistance from the agency, then a caseworker within the day care or licensing unit may be given this

responsibility. A review of the grantees' files shows, however, that little or no documentation is present for the referrals made.

As mentioned in the section on Grantee Compliance Monitoring, only two of the grantees, Philadelphia and Butte, maintain individual records on each child. Without such a system it is difficult, if not impossible, to maintain meaningful records of the children who have been referred to another department and to document follow-up treatment when it is provided.

Social Services

A distinction is made by the public agency grantees, Oklahoma City, Birmingham, Eugene, Butte and Madison between children whose care is paid for by the agency and those children whose parents are privately paying for the day care services they receive. Children whose parents qualify for day care payments are assigned social workers who then assume caseload responsibility for the entire family. When a problem arises and a referral is warranted, the day care unit staff refers back to the parents' caseworker who makes the referral and maintains follow-up records in her family files. Once the referral has been made, the day care unit may no longer be involved in the situation.

With regard to privately paid children, the procedure is not as clearly defined. These children are not assigned caseworkers, per se, although in Eugene, Birmingham and Oklahoma City, social workers within the day care unit are available to assume responsibility for these children. When and if referrals are made, little documentation is kept, partially because children's files are not maintained by the grantee. In many cases, individual caseworkers in the day care unit will make referrals themselves, but again, little record of follow-up is maintained.

Several of the grantees have distributed booklets to the caregivers listing available community resources which they may use as needed. In general, however, these pamphlets have not proved helpful to the caregivers, who in many cases were unaware that they had received them. In most cases, caregivers are encouraged to notify the day care staff when a problem arises. In those cases where the agency staff serves as a liaison between the caregiver and available services, the referral system works more effectively.

d. Training

Prior to the start of the demonstration project, three of the grantees, Philadelphia, Eugene and Madison, were providing training to the caregivers in their systems. Philadelphia had an orientation session and monthly training workshops. Eugene provided training through the local

community college, and Madison had a state requirement that all caregivers applying for certification must complete a 10-hour course provided through a local technical college.

As part of the project, the remaining three grantees, Birmingham, Butte and Oklahoma City have planned and carried out training programs for those caregivers in the demonstration group. Philadelphia continued to provide training through its existing workshop structure, and Madison and Eugene expanded the training which they had previously provided.

In response to the needs assessment recommendations, training was given priority by each of the grantees, particularly the three which had not previously included it in their program. In Butte, Birmingham, Oklahoma City and Madison, a staff member assigned to the project was specifically responsible for planning a training program for the caregivers in the demonstration group. In Eugene and Philadelphia, training was planned by the entire staff.

In determining training needs and areas to be covered, only two of the grantees, Eugene and Butte, conducted a formal assessment of what the caregivers felt they needed in the way of training. The staff generally planned the training agenda on the basis of their knowledge of what the caregivers needed, in addition to feedback from them on areas they would like to see covered.

The format selected by each of the grantees was a monthly training workshop usually held at the agency office. In addition, training has been supplemented by the home visits made by project staff to the demonstration homes.

Three of the grantees, Butte, Birmingham and Madison have also supplemented the workshops with another form of training. In Butte, attendance at the first two training workshops was extremely poor. As a result, the staff decided to have consultants visit each of the homes and provide training on a one-to-one basis to each demonstration caregiver. The caregivers have been very receptive to the idea of these visits and to the training provided in this manner.

In Madison, following each training workshop, the project coordinator visited each caregiver who had missed the meeting and reviewed with her the topics which had been discussed.

Although attendance at the training workshops in Birmingham has been good, the staff child development specialist felt that the caregivers would benefit from additional training sessions held in small groups. She therefore instituted the conecpt of 'cluster' groups in order to

provide the caregivers an opportunity to learn from each other in a small group setting. The caregivers in the demonstration group were divided geographically into four groups, or 'clusters' based on the number of children cared for in each home. The cluster meetings were held in one of the caregiver's homes with the other caregivers and their day care children present. The caregivers' reactions to the cluster meetings were very positive. One advantage of this approach was that the meetings were logistically convenient for them as they could bring their day care children with them rather than arrange for substitutes.

Topics covered in the training sessions varied among the grantees, but similar topics were discussed by all six. Training was provided in the following areas by each grantee:

- child development/behavior/discipline;
- safety/first aid in the home;
- nutrition/feeding young children;
- equipment and materials for young children; and
- activities for children.

In addition, some, but not all, covered additional topics including:

- children's books;
- taxes;
- child abuse;
- record keeping;
- speech and hearing;
- relationship between parents and caregivers; and
- identifying children's special needs.

In selecting speakers for training workshops, each of the grantees made good use of available local resources. Generally, project staff members had little difficulty in identifying people both qualified and willing to provide training to the caregivers. Sessions in child development were conducted by local consultants from universities or from other day care programs, and in three cases, Philadelphia Butte and Madison, by the program's psychological consultant. Representatives of the local Red Cross and Public Health Departments were frequently used for training in health and first aid. Members of the local fire department, tax division of IRS, librarians and nutritionists were also utilized.

The impact of the training which was provided is not difficult to measure in the areas of nutrition, first aid and safety. Caregivers have been provided with useful information which has improved the quality of the care they provide in these areas. In the area of child

development, however, it is too early to evaluate the total impact of all the new ideas, methods and attitudes which the training has presented. Many of the caregivers had previously viewed themselves as babysitters, and while most were creating learning environments for the children in their care, few are aware of all that they are actually doing in the course of an average day.

In Philadelphia, where in-service training has been provided for several years, the staff has witnessed growth on the part of the caregivers. The director feels that the caregivers have become more sophisticated as evidenced by the questions they ask and the statements they make during training sessions.

e. Parent Participation in Decision Making

Prior to the start of the demonstration project, none of the grantees had a parent advisory group specifically designed to advise the Family Day Care Program. As a result of the project, each of the grantees has made an effort to include parents in the program. Philadelphia, Madison and Eugene have formed parent advisory groups, and Butte and Birmingham are in the process of organizing one. Oklahoma City has been unsuccessful in its attempts to organize such a group and attributes this failure to the lack of existing county and state guidelines defining the role of parents in day care programs. Although neither Oklahoma City nor Birmingham have a group at this time, both have parents representing Family Day Care on the State Child Care Advisory Committee.

The functions of the parent groups which have been, or are being formed, differ. In Madison, Butte, Eugene and Birmingham, the committees are seen as serving in an advisory capacity. In Philadelphia, the parent group is seen as having a dual function: first, to provide the parents with an understanding of the agency and the services it provides; and second, to expand the parents' horizon thereby enriching the experiences of the child.

Some of the difficulties encountered in forming parent groups are due to the lack of clarity with regard to the role which parents play in the Family Day Care Program. Traditionally, parents have had little, if any, involvement with the agency after the initial placement of their child in the day care home. Contact has been mainly between parents and caregivers rather than between parents and agency staff. Many of the grantees have formed parent groups without a clear understanding of the purpose of the group.

f. Transportation/Safety

Only one of the grantees, Philadelphia, transports Family Day Care children in agency cars with some regularity. Children are taken on field trips and occassionally to medical appointments. In Birmingham, children are occassionally transported by staff in their own cars for medical exams. In all sites, responsiblity for transporting children to and from the day care home has been left to the caregivers and parents.

None of the grantees maintain current and updated files of caregivers' licenses, insurance or permission from parents to transport children. In Philadelphia and Birmingham, the Directors check to see that all staff have current licenses, although no formal records are maintained. The agency cars used in Philadelphia are all insured and are inspected routinely in accordance with state law.

As part of the demonstration project, a survey was conducted in Butte which revealed no immediate need for transportation services. In general, the grantees do not consider transportation of children as a major agency responsibility, and thus, made little effort in this area. Oklahoma has attempted to move into this area by developing a set of transportation forms included in Appendix B of this report.

4. Federal Standards, State and Local Licensing Requirements

Licensing requirements for family day care homes vary greatly from state to state. Alabama, Montana, and Oklahoma license day care homes through the Welfare Department. The Pennsylvania Welfare Department has delegated the authority to license a small group of homes to a private non-profit organization in Philadelphia, Associated Day Care Services, Inc. Oregon requires only "certification" of day care homes and Wisconsin presently has no licensing requirements although homes must be certified before agency sponsored children can be enrolled.

In the majority of states which participated in this project, regulations affecting day care centers are more stringent than those for family day care homes. In some of the states no specific standards for day care homes exist at all. As a result, licensing staff are often faced with the task of applying center-based requirements to a home environment. The resultant interpretation of the standards causes confusion in applying them since they are not designed for homes and are often difficult to comply with.

In those cases where the licensing staff are given standards to follow, interpretation among staff as to the requirements may differ. For example, only Alabama requires annual fire and sanitation inspection of day care homes. In all other cases, determination as to the need for such inspections is left to the discretion of the individual staff member who licenses the homes.

The attitude toward licensing standards of several of the project site staffs has been mixed. Staff members in most of the projects expressed the opinion that revoking day care licenses is rarely done and that they hesitate to do so. In general, the feeling was that once a license has been issued, staff are reluctant to revoke them unless the caregiver has blatantly violated several agency policies. This may in fact be a function of the confusion involved in applying requirements geared toward centers to home day care settings.

Throughout the Family Home Day Care Demonstration Project the conflicts between state and proposed federal day care requirements surfaced as grantees worked to bring homes into compliance with the 1972 proposed

requirements. Listed below are those areas which caused the greatest problems for the grantees.

a. Caregiver/Child ratio - not all state standards specify the number of children to be cared for in each home. The main difference here between state and federal standards is that the states do not include the cargivers' own school aged children when determining the allowable number.

b. Caregiver and child health requirements - not all states require medical exams for all children enrolled and some have different requirements for publicly paid for and privately cared for children. Caregiver health requirements also differ.

c. Safety of building and premises and ensuring emergency care - state standards are more general than the proposed federal requirements referring to the general conditions of the home. Specific requirements like fire extinguishers, posted evacuation plans and emergency phone numbers are not generally included.

d. Developmental Child Care - state standards are not as specific as the proposed federal requirements in defining what constitutes developmental care.

e. Caregiver/operator - while some of the states do require the maintenance of children's records to varying degrees, caregivers are not expected to maintain records of expenditures incurred in the home.

f. Private children - several of the grantees make a distinction between the requirements for children whose day care is paid for by the agency and those paid for privately. Whether or not the proposed federal day care requirements are to be applied to all children enrolled in day care homes has not been determined.

g. Transportation - only one of the states makes mention in its day care standards of transportation to and from day care homes. Two other states deal with transportation only as it relates to day care centers and the remaining state standards do not mention transportation at all.

h. Parent Involvement - none of the state standards include requirements or guidelines relating to the involvement of parents in the day care program other than to note the importance of cooperation between parents and caregivers.

5. Development and Use of Local Resources

Each of the six demonstration projects developed and used local resources to varying degrees. The use of local resources varied from developing on-going relationships with organizations such as the fire and health departments to the use of consultants in caregiver training.

To best examine the development and use of local resources, it is helpful to break them down into two major categories:

- reallocation of existing local resources within the administering agency; and
- the administering agency's utilization of community resources: both personnel and non-personnel.

The degree of reallocation of resources within each administering agency varied among the grantees. The major activity in this category was the shift of local staff roles and responsibilities. In general, staff caseloads were reduced, or, in at least two cases, additional staff was added to intensify the effort to upgrade the demonstration homes. Supervision of the project in each of these cases was provided by local resources. The general trend, with the exception of the Philadelphia program, indicates that the injection of federal resources resulted in a reallocation of local resources of personnel within the agency. The limitations of the study however, prevented any assessment of what happened within the agency as a result of this reallocation of staff. It is also difficult to assess whether these changes will have a lasting long-term effect, or whether staffing patterns will return to their former configuration at the termination of the demonstration project.

Each of the demonstration projects also attempted to develop resources within their communities. Generally, this took place in two different forms:

- consultants; and
- referral services

Referral services are those in which caregivers, children, and the families of children enrolled in family day care homes could be referred to services not provided by the administering agency. Examples of these services were vision screening provided by the University of Alabama to children enrolled in the program in Birmingham, or special blood and TB tests given to demonstration caregivers by the health department in Oklahoma City.

Consultants were used by all of the demonstration projects to provide training to caregivers, and in some cases to provide services to them,

to the children enrolled, and to their families. Consultant services were obtained from many sources, such as community colleges and state universities, local Head Start programs, and Social Service agencies.

Consultant services were utilized either on a one-time training session basis for caregivers, or on a periodic basis. The periodic use of consultants was in the areas of parent participation, health, psychological services, fire, safety, and sanitation. The net effort of periodic consultant services is generally more measurable as evidenced by the high scores of the psychological components in Butte and Philadelphia. In each of these projects a consultant was employed to develop a plan and implement it as a part of the total family home day care system in the respective area.

Generally local resources consisted of agency personnel or consultants. In only a few cases were non-personnel local resources developed to any extent. The best example of non-personnel resources is the Rainbow Fleet in Oklahoma. However, this effort was not developed as a result of the demonstration project, but had been in use by some family day care homes prior to the demonstration project.

Generally, it must be concluded that non-personnel local resources had only a minor impact on the project. The general impact of all local resources on the demonstration project is difficult to measure, but throughout the year, its positive effects were evident in each of the six demonstration sites. Referral services were the least developed local resource of the two types stated previously. This is due in part to the stress which administering agencies placed on development of resources that related to the physical environment of family day care homes. Grantees in all cases developed a list of available community services and provided this to caregivers. It was only towards the end of the project that it could be ascertained that referral services were being used.

B. Caregivers

In this section we present the results of the grantees' efforts to bring the demonstration homes into compliance with the proposed federal day care requirement Included is a discussion of improvements made and problems encountered in the areas of Health, Safety, Developmental Child Care, and Caregiver/Operator and Record Keeping.

We also present in this section background data on the caregivers who have participated in this demonstration project. Included is a caregiver profile describing socio-demographic characteristics by project site; a discussion of the financial status of caregivers; a section dealing with the retention rate of caregivers; and a discussion of their attitudes and reaction toward developmental child care and the training which has been provided.

1. Caregiver Profile

Selected socio-demographic characteristics of the caregivers at each of the six projects were obtained during the final on-site visits. Data on caregivers in both the demonstration and control groups were obtained in an effort to provide the widest possible range of data for analysis. Since the demonstration and control groups were selected randomly, it was not expected that the characteristics of each group would differ significantly. Analysis of the data collected proved to be the case, as there was no significant difference between control and demonstration caregivers. The discussion below pertains to the total sample of homes in each project.

Philadelphia, Pennsylvania

Ninety percent of the caregivers were age 25 or over with 60% of all caregivers falling within the age range of 25-44 years. Eighty percent of the caregivers were Black and 80% had less than a high school education. Only 44% of the caregivers were married and living with their spouse. Another 30% were currently separated from their husbands. Single women represented about 11% of the total group.

Most caregivers had been caring for children from one to four years. Only 15% of the caregivers had been providing care for over four years. The income level of the caregivers was rather diverse. While 36% had low family incomes, another 25% had above average incomes. The remaining homes were about evenly divided between average and very low family income.* Those caregivers in the low to very low category indicated that their caregiver income provided about 40% of their total family income.

* Income categories: Very low -- less than $5,000;
Low -- $5,100 to $7,500;
Average -- $7,500 to $10,000;
Above Average--$10,000 or above.

Birmingham, Alabama

Approximately half of the caregivers were in the age range of 45-59 years. Another 20% were 60 years old or over. Only 26% of the caregivers were between the ages of 25 and 44. Nearly 90% of the operators were Black. About 30% had attained at least a high school education. The majority were married and living with their spouse. The next largest category was widowed mothers representing about 20% of the caregivers. Another 14% of the caregivers were women who were separated from their husbands.

Most caregivers in the Birmingham project had been caring for children for at least two years, with 95% of caregivers having served as caregivers for two to five years. The majority of operators (55%) were currently at very low family income levels and only 7% had above average incomes. About 40% of the family income, of those in the low to very low income levels, was generated from the caregivers home day care operation.

Oklahoma City, Oklahoma

Most caregivers (49%) in this project were between the ages of 25 and 44 years. Another 24% were in each of the age categories 45 to 60 years and 60 years and over. The ethnic backgrounds of the caregivers were about evenly divided between Blacks and Whites: 53% and 47%, respectively. About half of the caregivers had less than a high school education. Seventy percent of the caregivers were married and living with their husbands. Those caregivers widowed or divorced represented 16% and 11% of the group, respectively.

Of the caregivers sampled in the project, 52% had been providing care for four or more years. Very few (6%) have been in operation for less than two years. Over half the caregivers reported their family income as low to very low. They indicated that their income from caring for children added about 30% to their family income.

Butte, Montana

Very few caregivers in this program were less than 25 years old or over 60 years of age. Seventy percent were between the ages of 25 and 44, and another 20% were between the ages of 45 and 59. All day care mothers were White and 60% had at least a high school education. The caregivers were mainly married women living with their husbands. Only 5% of the women were separated from their husbands. No single or divorced women were found to be providing care.

Most of the caregivers in the program had been providing home day care for at least two years, with a third of all women having provided care for four or more years. Nearly 80% of the family incomes fell within the average to above average category. Still, the payments made to caregivers supplemented their family income by about 20%.

Eugene, Oregon

Seventy percent of the caregivers in this program were between the ages of 25 and 44. The next most frequent age category of day care mothers was in the 18 to 24 year old range (approximately 15%). All caregivers were White and about two-thirds had attained at least a high school education. Nearly all the day care operators were married and living with their spouse. However, about 10% of the caregivers were divorced. None of the caregivers were single, widowed, or separated.

In this project only 20% of the caregivers had two or more years of home day care experience. The majority of operators previous experience ranged from 0 to 2 years. Fifty percent of the caregivers reported their family income as average. About 30% were at the very low income level. These day care mothers reported that day care payments supplemented their family income by about 10%.

Madison, Wisconsin

The caregivers' ages in this project were largely concentrated in the 25 to 44 year old range. Most caregivers were White and had graduated from high school. Nearly all the day care mothers were married and living with their husbands. They generally had at least two years of caregiving experience: about 40% had been day care operators for over four years. Income levels were reportedly low to average. Twenty to twenty-five percent of the day care income was utilized to supplement their family income.

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The above presentation makes clear that the distribution of characteristics varied widely among the projects. Some generalizations across all projects are, however, possible. Generally, few women less than 25 years old were found to be caregivers. Also, few caregivers were over 60 (with the exception of Birmingham and Oklahoma City). Caregivers in Philadelphia and Birmingham were mostly Black. In Madison and Eugene they were mostly White, while Oklahoma City was about equally divided. In Philadelphia, Birmingham, and Oklahoma City caregivers generally had less than a high school education; in Butte, Eugene, and Madison, most had at least a high school education. In all projects most caregivers were married women who were living with their spouses. Few caregivers were single or divorced. Most caregivers had been providing day care services for at least two years with the exception of Eugene.

Day care payments were utilized to supplement family income by about 30 to 40% in Philadelphia, Birmingham, and Oklahoma City, and by approximately 10 to 20% in Butte, Eugene, and Madison.

2. Caregivers Compliance and Trend Analysis

Overview

During the needs assessment, the homes within each system were evaluated against the proposed federal day care requirements. Recommendations were then made on actions to be taken to bring these homes into compliance with these requirements.

Throughout the project, each of the grantees has attempted to bring the demonstration homes into compliance by implementing DA's original recommendations. While the scores have improved in each component area, few homes reached total compliance with all requirements. In the section following we discuss the agencies' efforts to bring homes into compliance in the areas of Health, Safety, Developmental Child Care, and Caregiver/Operator. Under each of these categories we include a discussion of project efforts in each key requirement area of the proposed 1972 federal day care requirements. These requirements are presented within the context of the data collection instrument in Appendix A. Also included is a discussion of the problems which the grantees had in upgrading the family day care homes.

a. Health

The highest home compliance index scores for all six grantees were in the health component. At the time of the final assessment, the majority of demonstration homes were in compliance in the areas of providing adequate rest and nutrition, sanitary food service, and healthy staff. The control homes also scored high in this component although scores for healthy staff were significantly lower than those for the demonstration group. The primary reason for this difference in scores are the health requirements of each grantee. Prior to the start of the demonstration project only Birmingham required caregivers to have annual blood tests. As part of the project, each grantee made a concerted effort to have each demonstration caregiver take a blood test while the requirements for caregivers in the control group remained the same. Therefore the scores for demonstration homes increased while the others did not.

As part of the project, most of the grantees provided training to the caregivers in nutrition. In general, caregivers take their responsibility of feeding the children seriously and comply with the agencies' requirement of lunch and two snacks each day. When the children are enrolled, the majority of caregivers meet with the parents to discuss the child's eating and sleeping habits.

The health component, as it relates to the homes, has four subdivisions: adequate rest; adequate nutrition; sanitary food service; and healthy staff. Below is a discussion of the progress made in each of these areas and of any problems which the grantees have encountered in their efforts to comply with the proposed federal requirements.

Adequate Rest

All children who are cared for on a full-time basis nap or sleep during the day. Children cared for after school generally do not nap, although caregivers indicated that the children may do so if they wish. Most children nap at the same time each day, after lunch, while infants sleep as often as necessary. Caregivers are generally sensitive to the need for rest and vary the length of children's naps according to their age and individual needs.

With only a few exceptions, children are provided with a suitable resting place with adequate bedding. Infants sleep in cribs, playpens, or porta-cribs, and older children generally sleep on family beds, couches, or cots. As part of the demonstration project, caregivers were provided with cribs by the agencies. In most cases, these cribs will remain in the homes as long as there is an infant present and will be moved to another home as needed.

In most cases where homes had not reached compliance, children were not being provided a suitable place to rest. There were situations where children were in cribs which they had outgrown, or were sleeping on carpeted floors, or on beds or couches felt to be unsafe according to their age. In determining the appropriateness of rest areas, emphasis was placed by monitors on safety and cleanliness.

Adequate Nutrition

While all caregivers follow the agency policies with regard to lunch and two snacks each day, the quality and nutritional value of the meals served varied from home to home. As part of the project, most of the caregivers were provided training in nutrition, meal planning, and food preparation. Caregivers now seem more aware of the importance of basic nutrition and are more willing to try new foods with the children.

The majority of caregivers are aware of the preferences and dislikes of the children they care for. In most cases, this has been discussed with the parent when the child is first enrolled. In other cases, the caregivers have known the children since infancy or have come to know their likes and needs by caring for them over long periods of time. When caregivers plan the children's meals, they generally take their likes into consideration.

Children are given lunch and two snacks each day. In many cases, children also receive breakfast and/or dinner depending upon the hours which they spend in the day care home. Lunches vary from soup and sandwiches to a full dinner with meat, vegetable, starch, and milk. Snacks normally consist of a beverage with a cookie or sandwich, or fruit or raw vegetable. Some caregivers do give the children an over-abundance of sweets, but most seem aware of the basic nutritional values of foods.

As documented in the cost section of this report, the largest expense to the caregivers is food for the children. As part of the project, demonstration caregivers in Birmingham received a food supplement of 50¢ per child per day. While the project staff gave caregivers suggestions as to how this supplement might be used, no evaluation was made as to what impact, if any, this had on their meal preparation or shopping patterns. Discussions with caregivers in Birmingham revealed that it had not changed their shopping habits to any degree. In general, all caregivers shop and cook for the day care children as they do for their own families. All of the food is purchased at the same time and caregivers often prepare their own family meals in larger quantities in order to give the children a hot meal the following day. In Philadelphia, caregivers have been encouraged to prepare in this way thereby diminishing both waste and the amount of time spent in meal preparation.

Several of the grantees assist the caregivers in the preparation of sample menus and menu planning has been discussed in the nutrition training provided. In Philadelphia, caregivers are expected to submit their menus periodically to the staff for review by the nutritionist and day care aides.

Some training has also been provided to caregivers in making meal time a learning experience. Children in many homes help set the table and watch food being prepared. Cooking experiences are generally limited, although caregivers do include the children in food preparation to varying degrees, particularly on holidays when baking cookies is a favorite activity.

Sanitary Food Service

The majority of day care homes are clean and sanitary with food prepared and served in compliance with federal requirements. Foods are purchased from sources complying with local, state, and federal codes and are properly stored and refrigerated. With few exceptions, cooking and eating utensils are clean and children are either given individual drinking cups or use paper cups. The childrens' food is heated and promptly served with leftovers properly stored.

Healthy Staff

Within the health component, this element scored the lowest rating among all grantees. While each grantee required that the demonstration caregivers get a blood test and a TB check-up, at the time of the final assessment, some caregivers still had not done so.

The health regulations for day care staff and other family members differ greatly among the grantees. Some require that the husband be examined only if he is at home during the day; others that all family members be free of communicable disease. In most cases, these requirements are not strictly enforced nor are they carefully documented.

b. Safety

Each of the grantees has made a serious effort to reach compliance with the federal day care requirements in the safety component. Throughout the demonstration project, many of the safety hazards identified during the needs assessment have been corrected. Homes in the demonstration group were provided with fire extinguishers, safety gates, screens for heaters, and fences. In some cases, railings were also installed, homes were rewired when found to be dangerous, and broken steps were repaired. In addition, training in safety has been provided by each of the grantees. In Butte and Birmingham, staff members also helped each of the demonstration caregivers develop an evacuation plan for their home.

At the time of the final assessment, however, only seven homes of the total number of demonstration homes still in the project had reached total compliance with all four of the safety areas: meeting code requirements, safety of building and premises, preventing accidents, and providing emergency care.

Reaching total compliance in the safety component has proved difficult for several reasons. First, safety is one area in which compliance fluctuates. Once safety equipment has been installed or training provided, close supervision and monitoring is necessary in order to maintain the compliance which has been attained. Second, some of the safety hazards and conditions noted in the needs assessment report have been difficult for the grantees to correct. The prime example has been that of locating effective screens for heating units and floor furnaces. In many cases, grantees were unable to provide suitable coverings for floor furnaces. In some homes, caregivers had been given small picket fences to place around these heaters which in themselves presented more of a hazard than the heater itself. In both Birmingham and Philadelphia, screens which were purchased by the agency were not effective in terms of size and the protection they offered. In Philadelphia, the actual structure of the heating units in some homes made compliance difficult, if not impossible.

A third area of difficulty is the change in the physical condition of any given home which fluctuated throughout the project months; while DA monitors noted improvements during each of the home visits, new hazardous conditions were often present during subsequent visits which were not there before. For example, each of the demonstration homes was provided with a fire extinguisher. However, during many of the final assessment visits, it was found that these had not been inspected since installation, that many had leaked or had lost their pressure and were, therefore, inoperable. Other hazardous conditions such as the presence of clutter and dangerous materials varied with time. Although hazardous conditions do still exist, as a result of the project both caregivers and staff have become more conscious of general safety practices and of the value of training in this area.

The safety component is subdivided into four areas: meeting code requirements, safety of building and premises, preventing accidents, and emergency care. Below is a discussion of the progress made and problems encountered in each of these areas.

Meeting Code Requirements

Licensing requirements for family day care homes are not consistent among the six grantees. Only one, Birmingham, requires annual fire and health inspections of all day care homes. Madison has no requirements at all for homes and in the remaining four sites, Philadelphia, Oklahoma City, Butte, and Eugene, the need for fire and/or health inspection is left to the discretion of individual staff members who license the homes. At the time of the final visit, all of the homes in the demonstration group across all projects were in compliance with individual state licensing requirements. All but one of the control homes were also in compliance.

Safety of Building and Premises and Prevention of Accidents

Each of the grantees has made significant improvements in terms of ensuring the safety of family day care homes. The recommendations made during the needs assessment were carefully followed in most cases and have been implemented with much success. The efforts of the staff have made the caregivers more aware of the need to ensure that the children in their care will be provided safe surroundings and activities. However, several hazardous conditions still exist in day care homes. The most prevalent hazards are the following:

- unscreened or ineffectively screened floor furnaces and space heaters;
- inoperable fire extinguishers;
- extreme clutter causing hazardous conditions;
- stairways without railings;
- improper storage of dangerous materials, and
- unvented or unsafe heating systems.

As mentioned earlier, several of the grantees had difficulty in locating effective screens for heating units and floor furnaces. In some cases, like Philadelphia, homes in government housing projects had large heating units which could not be effectively screened. In many cases caregivers reported that the screens themselves proved more of a hazard than the heating unit,as the screens called the children's attention to the heating units. In many homes, extreme clutter and the improper storage of dangerous materials also resulted in hazardous conditions for young children.

In an attempt to correct safety deficiencies, during the project the grantees have begun to discuss more consistently with caregivers deficiencies they find during home visits. Three of the grantees, Butte, Oklahoma City, and Eugene, now give the caregiver a written list of any deficiencies found; the remaining three grantees discuss deficiencies with the caregiver verbally. Not all grantees have set and enforced time limits of correction deficiencies, and therefore some hazardous conditions continue to exist.

Ensuring Care in Emergencies

The demonstration project had a direct impact on both caregivers and staff in this area. Prior to the start of the project, few of the caregivers had given much thought to fire safety and prevention within their homes or to what they would do in an emergency. Little training or assistance had been provided to them by the agency in the safety area. Throughout the project, in addition to the installation of fire extinguishers and safety equipment, caregivers and staff have concentrated on the importance of fire drills, evacuation plans, and first aid training. All but one of the grantees, Oklahoma City, provided demonstration caregivers with training in first aid. In Birmingham, caregivers participated in a full day Red Cross first aid course. Seven of the caregivers passed the first aid exam and were issued certificates by the Red Cross.

At the time of the final assessment, however, all caregivers were not in compliance with these requirements. Many still do not see the relevancy of some of these requirements and did not have evacuation plans or hold fire drills. Many of these caregivers do not feel that these requirements relate to the home environment. While the agencies have made an attempt to educate the caregivers in safety practices, it is a new concept to many of them and while improvements have been made, compliance has not yet been reached. A change in attitude has occurred, however, which has made both agency staff and caregivers more aware of safety and emergency care.

The agencies each have different policies with regard to dispensing medicine to children and arranging for emergency care plans with the parents. In most cases, caregivers are provided with emergency care forms to be signed by the parent. These forms enable the caregiver to take the child for emergency medical care should the need arise. In most cases, caregivers are not permitted to dispense medicine without permission from the parents. The majority of caregivers are in compliance with their agency's requirements in these areas.

c. Developmental Child Care

As a result of the federal demonstration project, developmental child care training has been provided to all caregivers in the demonstration homes. With the exception of Philadelphia and Eugene, this was a new development in the family day care system. While developmental child care may have existed in varying degrees, it depended upon the expertise and former training of the caregiver. Since the initiation of this project, developmental child care has become a major focus of agency training and follow-up visits to the homes.

In addition to the training which has been provided, the grantees have begun to provide toys and educational equipment to the caregivers. In Philadelphia, caregivers are provided with a set of toys and materials when they first begin and receive consumable supplies as needed throughout the year. Oklahoma City had the Magic Blue Bus* prior to the start of the project and caregivers received educational materials on a lending basis. Since the start of the project, Birmingham, Butte, Eugene, and Madison have all supplied some materials to the caregivers and many have used the lending library format.

This section will cover four areas of developmental child care as it was implemented during the demonstration project:

- planning/scheduling;
- activities;
- materials and equipment; and
- interaction of caregivers and children.

* The Magic Blue Bus (magic because of its changing color) visits homes as a lending library for caregivers. Caregivers are shown how the toys and materials may be used.

Planning/Scheduling

Scheduling of children's daily activities such as meals, naps, and play periods, is a general practice in all demonstration and control homes. Planning is usually done on an informal basis. Caregivers generally plan activities on a daily basis, based on the children's moods or the weather. In the summer, when weather can be depended on, plans tend to be more extensive, and include trips, swimming, walks, or other outdoor activities. Caregivers find planning easier in the warmer months than in the winter, which is some indication that they are more oriented toward group or family planning rather than developmental plans for individualized growth needs of children. Oklahoma has distributed inventory charts published by the Southeast Day Care Program of Georgia which were used to help caregivers plan developmental activities. Planning in a sequential fashion is rarely done. Caregivers generally plan activities or learning experiences without continuity and without long range goals in mind.

Activities

Activities tend to be of an indoor rather than outdoor nature. In some homes outdoor play areas are not available, as in the Philadelphia urban area. In some cases the extreme cold of winters and the snow keep most children indoors. While some homes are well supplied with outdoor materials purchased for the children, others are sparsely equipped. By the end of the project, more outdoor activities were being scheduled in Oklahoma City than at the beginning. In Madison, outdoor activities were more a part of the daily routine than in most projects, despite the snow and harsh winter weather.

Children in most homes tend to get along well with each other. Most caregivers are teaching concepts such as a self-understanding, socialization, and independence, what is right and wrong, and concern for the well-being of each other. They do this in the ordinary give and take of their daily lives with the children. In this regard it is an extraordinary advantage for a single child in a family to find himself in a large group of proxy brothers and sisters who teach him to share friendship, toys, food, and the affection of the caregiver.

In the winter, activities are generally confined to the home. Trips outdoors are minimal. In the summer, caregivers, or the agency as in Philadelphia, plan trips to parks, the zoo, camping, or to other places of interest. Caregivers do take the children shopping, on walks, to the park, to McDonald's, or to an occasional movie. These outings are usually planned informally.

Children are taught to eat by themselves and in some cases, emphasis is placed on table manners. Little is done, however, in teaching children about the names of foods or why they should be eaten since meal time generally is a busy time for caregivers, especially if their own children come in from school. Children are, however, taught to clean up after themselves, especially in putting their toys away.

Materials and Equipment

Prior to the start of the project, only Philadelphia provided caregivers with toys and equipment. Materials bought by caregivers consisted mainly of the usual toys bought for children. As part of the demonstration project, staff have attempted to instruct caregivers in the choice of educational or developmental toys and materials and in many cases assisted them in making purchases. As a result, manipulative toys are now found more frequently in homes, story books, blocks, and very frequently large muscle equipment. Oklahoma City especially excelled in outdoor equipment such as swings, slides, and tires. Other places had tricycles for the children. Philadelphia was quite limited in outdoor equipment due to the urban nature of the project.

Materials for creative expression were generally limited. Paints, clay, play dough, or scraps of material were seldom found, although it could be observed that on occasions children made things for their mothers. Children were amply supplied with coloring books and crayons. Not many dolls or playhouse equipment was observed such as play dishes, pots, pans, or furnishings. Trucks were plentiful. Where materials were plentiful, caregivers tended to rotate them so that the children would not tire of them. In more affluent homes, record players and children's records were found. In Oklahoma, the Blue Bus lends tapes to caregivers or parents on which stories are recorded.

Agencies were attempting to meet the need for developmental materials, educational toys, and large muscle equipment by giving workshops to caregivers in which they were instructed on the value and use of such materials and equipment. Agency staff also visited caregivers to show them how to use the materials with the children.

All agencies have instituted a lending library plan or system by means of which materials, toys, and equipment are lent to a caregiver for a specified time, or as long as she needs them. Oklahoma City has the further assistance of the Magic Fleet, buses which bring educational materials to the home. Caregivers are instructed by the drivers of the bus how to use the materials and caregivers are allowed to select those they feel would be helpful to the children.

In addition, the project personnel in Oklahoma City took the caregivers on shopping tours which served as a practice for the purchase of toys and materials that would be of most benefit to the children. In Birmingham, caregivers were allowed three dollars per month per child for the purchase of such materials, but caregivers have not been given consistent guidance in the purchase of these materials.

Agency supplied materials and toys tend to be more appropriate than those purchased by the caregiver. In this regard, knowledge and cost appear to be the two significant factors influencing selection, although caregivers tend to spend a good deal of their money on such equipment and materials.

In Oklahoma City, homes were large enough to provide playrooms which were usually fitted with child-sized furnishings, shelves for toys and games, and play area. But in Philadelphia, Butte, and Birmingham, homes did not usually have such accommodations. Agencies were equipped with cribs, play pens, and high chairs for lending purposes where needed. Philadelphia had a policy not to encourage the caregivers to purchase other child size furnishings, nor did they do so themselves. Finding small tables and chairs in day care homes depended again on the affluence of such families. Children generally played on the floor in the living rooms, sometimes in a bedroom. Children's movements around the house were limited only by safety. Children stayed on the same level as the caregiver, i.e., upstairs or downstairs, wherever she might be.

Interaction of Caregiver and Children

Caregivers are usually very much in tune with the children's background and experiences. Children come, for the most part, from the neighborhood where the caregiver is located. They are aware of the parents' child-rearing practices or lack of them, and how they differ from their own. They talk frequently with parents to insure continuity of training. When this continuity does not occur, caregivers consider it of sufficient importance to talk about it, especially with their caseworker or the agency staff.

The great majority of caregivers literally spend the day with the children. Children are always within sight or hearing of the caregivers. At the beginning of the project there was some tendency to allow the children just to play. Now there is more attention given to helping children find things to do. It may be the TV in the early morning while the caregiver organizes her own family and her home for the day. After morning snack, children are generally organized for an activity, such as playing with toys or blocks, coloring, or playing outdoors if the weather permits. After lunch children nap. Occasionally this is preceded by reading a story to the children. Potty-training and washing face and hands is an important part of the daily schedule. More play or TV viewing usually followed the afternoon snack, before children go home.

The day constantly offers opportunities for caregivers to interact with children. Since most of the day care mothers take in children because they like them, children are loved, coddled, praised, and petted. Caregivers talk to them a great deal, giving directions, telling them where to find things, what to do, and how. Because these children are not the caregiver's own, she can be more objective in her treatment, which fosters more independence of thought and action on the part of the children. This independence of the children also fosters problem-solving, and decision making. An only child living with the caregiver's family during the day or with other children learns to function in a group and to share toys, the affection of the caregiver, and her attention. The caregivers are deeply practical women who for the most part have reared or are rearing their own children. This gives them a sense of timing experiences for children and of presenting children with realistic tasks, such as putting toys away or adjusting to a reasonable schedule.

Caregivers have responded favorably to talks given at the training sessions which would help them with behavior problems as well as to those sessions which indicated the need children have to be treated as individuals whose needs differ from those of others.

In each of the projects there were one or two caregivers who had a special interest in, or knack for, developmental child care. On the other hand, there were one or two who could not be converted to newer training practices for children and who continued to give mostly custodial care. Nevertheless, the developmental child care component for the demonstration project gained a total of 23 points, moving from a compliance index of 55 to 78. All projects gained but one, as can be seen in table No. 9, below.

TABLE 9
Mean Compliance Index in Continuing
Development for Demonstration Homes

Project	Needs Assessment Mean Compliance Index Score	Final Assessment Mean Compliance Index Score
Madison	43	75
Philadelphia	64	80
Birmingham	32	68
Eugene	52	81
Butte	60	84
Oklahoma City	58	88
Total Mean Index	55	78

Butte raised its compliance by 24 points; Eugene, by 29; Oklahoma City, by 30; Madison, by 32; and Birmingham, by 36. Birmingham showed the greatest improvement. Philadelphia lost 4 points, due to the lack of child-size furnishings.

The scores for the control homes are likewise informative. Table No. 10 depicts the mean compliance index in continuing development for the needs and final assessments of the control homes.

TABLE 10
Mean Compliance Index in Continuing Development
for Control Homes

Project	Needs Assessment Mean Compliance Index Score	Final Assessment Mean Compliance Index Score
Madison	50	(94)*
Philadelphia	82	80
Birmingham	63	75
Eugene	56	81
Butte	88	67
Oklahoma City	57	84
Total Mean Index	66	77.4 (80)* adjusted

* Since this score represents only 4 homes, the sample does not justify its being included in this final table. As a result, the score 80 is not reliable. The mean index of 77.4 will be used instead.

In Madison there were not enough control homes left in the project to make a substantial comparison. Philadelphia and Butte lost points, while the other three projects gained. Oklahoma City improved 27 points; Eugene, 25; and Birmingham, 12. Overall there was a gain of 11.4 points for the entire group of control homes. Contamination of the control homes who were visited by the monitors four times over the past year may account for much of the improvement in the three cities. In Philadelphia, caregivers in control homes received the same orientation and assistance as the demonstration group since this has always been that agency's policy. The loss of two points can be accounted for by the agency's stand on not purchasing child-size furnishings.

Differences in developmental care scores between the demonstration group (78) and the control group (77.4) are quite minimal (0.6% of a point), despite the fact that demonstration homes have received special equipment, toys, materials, and caregivers have been given training in developmental practices. Control home caregivers, with the exception of Philadelphia, received none of these advantages. However, it is considered by the project staff as well as by the agency personnel, that it is too soon to attempt to discover real changes in child care practices.

Most projects were only reaching the operational level for training and guidance of caregivers by the time of the final assessment visit. With the exception of Philadelphia, projects were involved in this area for at most six or seven months, since June or July. Also, changing child rearing attitudes, concepts, and practices is a long range program. Women who have successfully (as they see it) reared families, are not so quick to change practices which they have developed or which were handed down to them. Some caregivers fall into developmental care quite naturally; others with difficulty; some not at all.

The questioning of the project staff also had significant effect on the control group. These caregivers learned from the questions they were asked, directions they should be taking, and on their own initiative many started to improve their day care services.

d. Caregiver/Operator

This component has five subdivisions: children's records; accounting for supervision of children; providing sufficient caregivers; ensuring the competence of caregivers; and ensuring the accountability of caregivers. The two areas in which reaching compliance has been difficult are record keeping and the proposed federal requirements for the caregiver/child ratio.

Prior to the start of the demonstration project, few caregivers maintained records on the children or on the expenses they incurred while caring for them. Caregivers generally saw no value in maintaining records; many still do not. As part of the demonstration project, several of the grantees made an effort to assist the caregiver in maintaining records. The subsequent rise in compliance scores clearly reflects these efforts.

Children's Records

In all six of the demonstration projects, there was a marked improvement in the maintenance of children's records from the time of the needs assessment to that of the final assessment. The agency in Philadelphia has always provided caregivers with forms already completed at the time the child was placed,and frequently checked with the caregivers to see that records were in order. As a result, there was not such a marked improvement, but rather a continued maintenance of an already high score, 72-75 in the demonstration homes, and 70-82 in the control. In the other agencies, forms were developed and distributed to the demonstration caregivers, who were helped to fill them out and often given folders or files where the records could be kept. Madison demonstration homes showed a 50-point increase; Birmingham, 48; Butte, 40; and Oklahoma City, 25. Eugene's system, like Philadelphia, was close to compliance at the beginning of the project, but lost a few points over the year.

Accounting for Supervision of Children

The majority of caregivers supervise the children's play and are aware of their activities. In those cases where the caregiver's own children play with or take care of the day care children, the caregiver supervises these activities as well.

Most caregivers maintain attendance records for the children in their care. These records are either kept on a calendar or on a form provided by the agency. Generally, caregivers maintain attendance records for payment purposes. All agencies require some form of attendance records before payment is made. Where children are paid for privately, caregivers maintain a record of attendance only when necessary.

Providing Sufficient Caregivers

Throughout the demonstration project a number of homes have been out of compliance with the proposed federal requirements concerning caregiver/child ratio. Compliance has fluctuated in this area since the number and ages of the children in each home has changed over the year. With few exceptions, when caregivers were out of compliance with proposed federal requirements, they were in compliance with their own state regulations. The main difference between state and proposed federal requirements is that the states do not count the caregivers' own children over 6 years old when determining the number of children to be placed in the home.

Ensuring the Competence of Caregivers

The majority of caregivers are experienced women who are rearing or have reared their own children. Their attitudes toward the children are generally positive; they are loving and supportive. The caregivers are generally sensitive to the individual needs of the children and are aware of their differences. Caregivers generally feel that providing the children with love and attention are essential parts of their job.

Much of the developmental child care training which has been provided has concentrated on constructive discipline and understanding the behavior patterns of young children. As a result, many of the caregivers have been exposed to new ideas, and are more willing to attempt new approaches in working with the children.

3. Caregivers Finances

Data was collected on the caregiver expenditures incurred as a result of her day care operations. These expenditures fall into two major categories: (1) toys, equipment, and consumable materials (paper, crayons, diapers, etc.), and (2) food costs. Certain other factors, such as wear on household furnishings and appliances and increased electric and fuel bills ultimately resulted in additional cost to the caregiver. Although these factors cannot be easily assessed, they should be, and are recognized as additional expenses.

Expenditures for toys, equipment, and other consumable supplies varied greatly both within and across projects. Over all projects, including both demonstration and control homes, the average yearly expenditures per home were about $68.47; however, the range across all projects was from $18 to $125 per home. On the average, for all homes about half of these costs were for the purchase of toys. Equipment costs consumed another 40%, and the remaining 10% was used for other materials and other consumable supplies.

Food costs were determined indirectly from the caregivers daily menus and the type and quantity of food prepared. In general, breakfast was not provided by the caregiver. When breakfast was one of the meals provided it often consisted of cereal or egg(s) and milk, occasionally with juice and/or toast. Snacks were usually cookies and milk or fruit (orange, apple, etc.). For lunch, hot dogs, baked beans, and soup seemed to be a favorite. Also included in the luncheon menu were canned or frozen fruit or vegetables. Milk and bread were most often included in this meal.

Most operators cared for about three day care children (the mean being 2.76 children). The distribution of children, by age, for all projects indicates that we would expect on the average to find at each home one child age $1\frac{1}{2}$ to 3 years old, one child 3 to 6 years old, and one child 6 to 14 years old. Only 15% of all children being cared for were under $1\frac{1}{2}$ years old. With these factors, type and frequency of food served, and the number and general ages of children in the home, we have estimated the average food cost for each child per day to be $.75.*

Based on the above figures and assuming the caregiver provides care for three children we estimate her monthly expenditures for food, toys, equipment, and consumable materials to be $50.71. This does not include other, more indirect expenses such as added utility expenses or items (child sized furniture, beds, chairs, etc.) that the caregiver may have already purchased for her own children.

Agency payment to caregivers varied in amount and method. Some agencies paid on a flat fee, per child, basis. The rate of the basic fee fluctuated from an hourly to a monthly time figure. For example, Philadelphia paid each caregiver $20 per child per week; Birmingham, $65 per child per month; and Oklahoma City, $3 per child per day. Butte also had a flat fee payment schedule of $15 per child per week. Eugene and Madison had variable payment systems.

In Eugene payments per child were dependent upon the number of day care children in the caregivers home. For one day care child the agency paid the operator $.50 per hour or $3.50 per day; for two children, $.70 per hour or $7.00 per day; for three children, $.85 per hour or $8.50 per day; and four or more children, $14.00 per day or as negotiated between the caregiver and agency. In Madison payments per child were dependent upon the number of children from a given home being cared for by the day care mother. Payments were basically $.60 per hour per child. However, if two children were related, the cost per child fell to $37.50, and to $.30 per child for the related children. Thus, if the operator cared for three non-related children, weekly payments would be $72; if the three children were related the weekly payment would be only $36.

We have previously indicated that day care operators generally care for about three children. Based on the agency's payment scale the average (for the six agencies) total payment made to a caregiver caring for three children would be $48.88 per week (Assuming the combination of children in Madison consisted of one unrelated and two related).

* Based on lunch and two snacks for three children in the home. Based on average nutritional standards and Washington, D.C. prices.

In summary, for the average caregiver the average monthly expenses for caring for these three children are approximately $51. Her income for the three children in the form of agency payments would, on the average, be $195 per month. The net income to the caregiver for three children is (payment less expenses) about $144 per month, i.e. caregivers spend approximately 26% of their income on direct expenses. On a weekly basis this amounts to $12 per child, or 30¢ per child per hour.

4. Retention of Caregivers

The overall retention rate for the initial 240 caregivers at the six project sites was about 57% over the 10-month project duration. On a project to project basis, the retention rate varied from 28% in Madison to 78% in Philadelphia. When demonstration homes were compared to the control homes the two groups were found to be about evenly divided. However, there were some notable individual differences. In Madison the demonstration home retention rate was much higher than the control group's, whereas in Oklahoma City and Birmingham the control homes had a higher percentage of retention.

Perhaps of equal significance is the investigation of those factors that contributed most to the corresponding dropout rate. Each agency provided DA staff with the current status of all 40 originally selected caregivers, and the caregivers stated reason for non-program participation, as applicable. The evaluation team substantiated these reasons during the final assessment visit. Caregivers' status was defined by three categories:

- Active -- currently providing care and participating in the project;
- Inactive -- no longer providing care and therefore no longer in the project; or
- Dropped -- out of the project but still providing care.

The most prevalent single factor contributing to the dropout rate was the movement of caregivers either out of the area, or to a new, unlicensed residence. In Madison and Butte about 25% of the dropout rate was due to this factor. Illness was the second most frequently stated reason which caregivers gave for leaving the project. About 10% of those dropping out terminated their services for lack of interest in continuing to provide care. Another 10% indicated that they had found better paying jobs. Several homes were denied re-certification by the agencies and therefore no longer active.

The general characteristics of all caregivers were described in the caregiver's profile section. In this section we have identified the dropout rate from project to project and the stated reasons for the operators' termination from the project. At this point it is possible to combine these factors for further analysis; that is, we may observe the variation in caregiver status across the profile characteristics of age, marital status, education, etc. Contingency tables were constructed consisting of the caregiver status after 10 months (retained or dropped out) by rows; and into columns by the profile characteristics. These frequencies were then connected to preparation by columns. An example is given below:

Caregiver Status

	Age				
Status	18-24	25-44	45-60	60+	Total
Retained	.33	.63	.75	.71	.67
Dropped out	.67	.37	.25	.29	.33
Totals	1.00	1.00	1.00	1.00	1.00

In a similar manner, other tables were constructed for the remaining caregiver characteristics. For these there was a total retention rate of 67%, as opposed to the 57% rate above; this difference is accounted for by including those no longer in the project but still providing care.

In the caregiver profile section it was stated that very few of the caregivers were between the ages of 18 and 24. In the table above we see that of those in this age category only about one-third remained active over the 10-month project period. The retention, or dropout, rates in the other age categories corresponds approximately to the overall, total rate; from this it appears there is no significant variation among these other categories.

In comparing the caregivers status by ethnic groups (with the overall retention rate of 67%) we found that among Blacks 33% dropped out; and among Whites 48% dropped out.

Across the other variables, we observed that the retention rate was highest among those caregivers with more than a high school education; separated or widowed; having three or more years caregiving experience; and with a family income between $5,000 and $7,500. The retention rate was lowest among high-school graduates; single women; those with less than one year caregiving experience; and to a lesser extent, among caregivers whose family income was over $7,500.

Comparing the caregiver profile characteristics with their retention rates the following observations were made. About half the operators employed as caregivers were between the ages of 25 and 44. Only 15% were over age 60. However, the retention rate of this later group was higher than the former. Similarly, of the original 240 caregivers most had less than a high school education (and a retention rate of 70%); yet the retention rate among those with more than a high school education was higher (80%). Also, separated and widowed women, who constituted less than 40% of the group, had a higher retention rate (about 90%) than married women (62%) who were the majority of the group.

5. Caregivers' Attitudes About Developmental Child Care and Training

Information regarding the attitude of caregivers towards developmental child care was obtained from two sources: demonstration caregivers and the agency caseworkers or staff members who had been involved in training caregivers in developmental child care.

In most cases, the trainers were in a position to see what changes had been affected in the caregivers since the start of the project. Where developmental child care had been an innovation in the family day care system, as it was in four of the projects (excluding Philadelphia and Eugene), project staff was sensitive to the types and degree of change that had taken place and was capable of expressing this in relevant and meaningful phrases. Staff were particularly sensitive to attitudinal change which had occurred. For example, most day care mothers see their most important activity as that of loving the children. The trainers, however, could detect where that love had expanded to a greater awareness of children's individual needs and whether that day care mother was responding more appropriately to them. The day care mothers were generally not as aware of these almost imperceptible changes in their attitude or that they were moving from custodial to developmental care. They appeared to be incorporating the training into their own basic thrust in child rearing while gradually refining these practices. In only a few cases where caregivers had been especially rigid or even punitive in their disciplinary practices were they consciously aware that they had deepened their understanding of children's behavioral patterns and adjusted their ways of coping with these situations.

Not all caregivers in any one project have totally embraced developmental child care practices. Likewise, differences in the degree of developmental child care were found in the six projects. Taking these variances into consideration, the attitude of the caregivers to developmental child care will be considered below for each of the six projects.

Butte

When this project began in Butte a year ago, family day care was regarded primarily as a baby-sitting operation needed by working mothers. One year later, seven of the eleven demonstration caregivers have grown to recognize that they should be providing developmental child care. Interviews with the caregivers revealed that the majority view the most important activity they engage in as providing love to the children, paying attention to their needs, and providing them with the security of a good home. While all mentioned the need to care for the children, two specifically described this as developmental child care, and one as physical and emotional care. The one caregiver whose discipline practices had been most restrictive in the past saw herself gaining an understanding of children's emotional and behavioral patterns and of adjusting her own disciplinary practices to fit her new knowledge. In their responses caregivers appeared to be more aware of the need to spend time with the children, expressing this as providing companionship, and to provide different experiences, such as taking them out or providing a greater variety of activities.

Trainers in Butte detected this change of attitude from providing purely custodial to developmental care in two-thirds of the demonstration caregivers. An additional caregiver was just beginning to become aware of the children's needs. This change of attitude was evidenced by such activities as rearranging home furnishings to provide better space for children's movement; by the exercise of greater discrimination in the selection of educational toys, equipment, and materials; by more planning and scheduling; and by being aware of the need to provide sequential learning experiences. Activities were more varied and new learning experiences were being offered. Greater involvement with the children was also noted as well as improved disciplinary techniques.

Madison

Demonstration caregivers in Madison were still referring to themselves as baby-sitters although caseworkers and trainers could see a change of attitude towards a more professional approach to their work. A negative reinforcement in this case may be the fact that the caregivers are paid by the hours they care for the children. All caregivers see their most important contribution to the children's lives as providing the love and security of a home and family.

Two caregivers saw themselves as responding to the children's moods and individual needs. Two others mentioned that they had grown in awareness of the need to help the socialization process of the child, and two mentioned the need to assist the child's growth toward independence. Only one caregiver appeared to have had trouble with discipline and described how she had gained insight and new direction in this area.

Trainers believed that certain caregivers had gained a better appreciation of themselves and of the job they had. One was beginning to be able to handle her hostility and resentment and had consequently changed her techniques of disciplining the children, appearing less harsh and punitive. Trainers also noted greater sensitivity on the part of the caregivers to children's needs and more realistic expectations of them. One caregiver, who has a large family of her own and has always set a fast pace, has begun to question her own child-rearing practices. There is some planning being initiated, especially for children who are in care only after school. Activities are becoming better balanced, in type, pace, and variety. Caregivers are beginning to discriminate in the selection of equipment and toys, and now look for educational toys for their own children as well.

Eugene

The caregivers in Eugene have responded positively to the training which has been provided as part of the project. According to staff, caregivers are now aware of their strengths and of those areas in which additional assistance would be helpful. The new awareness which caregivers have gained is evidenced by the new, positive approach which they are taking toward their work with the children.

As a result of the project, caregivers have increased their awareness of the value in providing developmental care and many now view this as a role which they should assume. Caregivers also expressed the importance of loving the children and providing them with food and a sense of security. Caregivers are generally more aware of the need to provide the children in their care a variety of experiences which will enhance their growth in social, emotional, and intellectual areas. As a result of the project, caregivers now plan daily activities and schedules for the children.

Oklahoma City

All of the caregivers in the demonstration project viewed their greatest responsibility to the children in their care as that of providing love and/or security. Three-fourths further saw themselves as teaching skills, i.e., preparing children for kindergarten, developing concepts such as knowing right and wrong, good behavior, socialization and independence, and helping them to attain a good self-image. At the same time, three-fourths of the group mentioned providing care and attention as very important aspects of the program they provided the children.

Trainers noted definite changes in three-fourths of the caregivers who have moved towards a better understanding of developmental care and have attempted to apply what they have learned in training sessions. Three of the caregivers who had not changed were older women who had reared their own children and tended to resist new practices and techniques. One of these women seemed a bit disturbed to suddenly find that what she had thought was sufficient was now being questioned.

Nevertheless, attitudes in general have improved. Caregivers have gained confidence in themselves to the degree where instead of resenting visits from outsiders they now welcome them. Improvements were noted in planning, in the use of space, scheduling, and in an eagerness to learn how to maintain records. Trainers also noted more awareness of the caregivers towards children's stages of developmental growth and a concomitant better use and interest in materials, equipment, and toys which would foster the various levels of such growth.

The Magic Blue Bus has played a part in the development of the caregivers in this area by its regularly scheduled visits during which materials are loaned to caregivers. Nevertheless, the older women failed to recognize or appreciate the true value of these visits by the Blue Bus and tolerated rather than utilized them for new ideas, approaches, or assistance. On the other hand, one caregiver has approached the kindergarten teacher in the neighborhood for ideas for preparing the children for entrance into school. Caregivers have also begun to appreciate children's emotional needs as expressed in behavioral problems and have begun to change their disciplinary methods.

Birmingham

Demonstration caregivers in Birmingham view one of their major roles as providing food to the children. Of the eleven still in the project, six mentioned this as a primary function.

One caregiver felt that love was her most important contribution and two stated that giving the child a feeling of security was most important to them Two described socialization as an important goal and one as teaching the children their ABCs. One mentioned independence, and another, teaching the child the difference between right and wrong.

The control group of caregivers in Birmingham were better able to interpret their attitude towards developmental child care than the demonstration group. Ten of the fifteen caregivers mentioned love as their overall objective and nine as the provider of nutritious meals. However, five stated the need for providing activities and five as giving attention to the children. Three stated their concern to teach the concepts of right and wrong, and two the need for teaching children socialization.

The trainer noted improvement in the attitudes of two women towards a more professional attitude. All were seen as having increased their awareness of children's needs and of consequently having translated this awareness into one or another of their activities: providing more varied experiences and activities, making better use of outdoor equipment, providing more space indoors, buying toys and materials that would provide greater developmental growth, using meals as a learning experience, daily planning for the children, and spending more time with the children. Two caregivers had improved their relationships with parents and one had become aware of community resources which can be tapped for materials and assistance. Five were also now engaged in planning and were likewise keeping better records. Six caregivers were making strides in varying activities for the children.

Philadelphia

The attitudes of demonstration caregivers in Philadelphia had not noticeably changed from the beginning of this project, nor were they significantly different from the control group. This lack of change can be attributed to the fact that the Associated Day Care, Inc., of Philadelphia had been training family day care providers in developmental child care prior to the start of the project. All caregivers in this system are required to attend monthly training sessions and are assisted by the agency in providing children with those experiences which will help them develop socially, physically, and intellectually. As a result, day care mothers see themselves from a professional point of view, as employees of the agency as long as they comply with the agency's requirements. Their homes are open to visitors or monitors at all times. They know where to turn for help, be it that of an uncooperative parent or a child with a special need. As a consequence, they are relaxed and at ease with the children and the agency staff.

Ten of the 13 caregivers stated that paying attention to the individual differences of the children and loving them were the chief objectives of their work. Eight of them claimed that trying to understand the child and giving him guidance was also an important function for them. The need to give varied experiences, to develop concepts, to teach and train, to help the child learn and express himself, and to take care of himself, to prepare him for school, and to teach him how to get along with others were other functions they saw themselves fulfilling. Other basic needs were met by these caregivers, such as providing security and nourishing meals. One caregiver stressed the importance of continuity with the child's home.

Caseworkers in Philadelphia described the attitudes of the caregivers towards developmental care as positive in all but one case, flexible, and open to new ideas. Seven were cited for their awareness of individual differences: three for relating well to the children's parents and three for providing continuity with the child's own home. One caregiver was considered exceptional for her ethnic awareness and her ability to interpret this at the level of the children's understanding.

As developmental child care is a basic thrust of the agency, caregivers are initiated from the beginning into such practices and receive training constantly. Their attitudes are fostered along these lines as a natural consequence of belonging to the system. Even those who were caregivers before the agency existed have fallen into line because of the training provided and support of the caseworker, and the assistance provided through conferences by the psychologist and other consultants. Caregivers naturally vary in their degree of response, but the agency does not retain a caregiver who refuses to follow its basic philosophy.

The change in attitude among caregivers in all projects toward the provision of developmental child care is primarily due to the training which has been provided to them throughout the demonstration project. While training has covered other areas than developmental child care, the main focus has been to increase the caregivers' awareness and ability to provide such care.

With the exception of Philadelphia and Eugene, no formal training had been provided to caregivers prior to the start of the project. Therefore, to many of the caregivers the concept of training was a new one. The majority of caregivers in the demonstration group have responded positively to the training which has been provided. Many expressed their satisfaction with the sessions provided, particularly in the areas of:

- child development;
- safety/first aid in the home;
- nutrition/feeding young children;
- equipment and materials for young children; and
- activities for children.

Caregivers in the control group who had not received any training (with the exception of Philadelphia) also expressed a desire for training particularly in the areas of first aid, nutrition, and basic child development.

The reaction of the caregivers to the training provided has been twofold. There are those who view themselves as providers of developmental child care and who welcome new ideas in working with, feeding, and caring for young children. There are also many caregivers who see their role as providers of custodial care and who feel that they do an adequate job of providing food, warmth, and pleasant surroundings to the children. Some of these caregivers, both old and young, are set in their ways and reluctant to change.

Many caregivers felt that the training provided them with an opportunity to meet with and discuss with other caregivers ideas which they have had, successful activities they have held, and problems they have encountered. By talking with other caregivers they have learned new methods and approaches to child care while having an opportunity to solve some of the problems which they discovered are common to many caregivers.

The caregivers' generally positive reaction to training may be seen in the changes they have made in their homes. More planning of the children's activities is evident, more educational materials are being purchased and used, and a general awareness of the need to understand children's behavior has developed.

The training which has been provided in other areas, such as nutrition and safety, has also had an effect. Caregivers are now more aware of the nutritional values of foods and of the need to ensure the children a safe environment.

Overall, the impact of training on the caregivers has been the result of a gradual process. For many of them, the ideas presented in training workshops have been new and have called for a change in attitude on their part. It is clear, however, that both the grantees and caregivers have learned much from the training provided and the majority of grantees expressed a desire to continue providing training to caregivers in the future.

C. Cost Analysis

One of the objectives of the Family Home Day Care Demonstration Project was to provide OCD with detailed cost information which relates the cost of upgrading a family home day care system to the degree of compliance with the proposed 1972 Federal Day Care Requirements.

The design of the demonstration project imposed certain limitations on the collection of cost data. As mentioned in the study limitation section, each of the six grantees received a grant based on the needs assessment and a set of criteria designed by OCD. These grants varied in amount from site to site and resulted in a different level of effort across the six projects. In those cases where funding was relatively low, the program tended to reallocate local agency resources and to make greater use of community resources. In some cases, staff was shifted or caseloads reduced. In the case of programs where the grant accounted for most of the cost of project operations, much less emphasis was placed on the use of local resources.

The design of the cost data effort called for assessing only federal grant funds. No provision had been made to assess the impact of local resources. In addition, the administrative structure of some of the grantees would have made it difficult if not impossible to actually determine the change in level of effort before and after the project.

A second limitation of this cost section is that administering agencies did not always spend funds on improvements that related directly to bringing the program into compliance with the proposed 1972 Federal Day Care Requirements. For example, one grantee purchased first aid kits for all demonstration caregivers. This tended to inflate the cost of compliance in certain programs.

Thirdly, since each project started at a different level of compliance, the amount and rates of improvement also varied. Since it is probably harder to increase compliance the higher you go on the compliance scale, the different starting levels make reliable comparison of projects most difficult.

The original design of the project called for the collection of cost data during monthly monitoring visits. DA developed the monthly Budget Analysis Form for this purpose. The grantees, however, due to accounting systems and other issues were only able to provide a limited amount of the necessary information. In December of 1973, DA requested and received approval from OCD to carry out an on-site cost study at each of the sites. DA's cost specialists visited each of the six sites during December and January. During these site visits federal grant expenditures were broken down first by calendar period, then by home or agency expenditures and finally by individual components. In some cases these breakdowns tended to be artifical because one expenditure

sometimes had impact on both the home and agency and in more than one component. For example a developmental training session might impact Training in the agency component and Developmental Child Care in the home component section. In essense this means that both agency and homes are interdependent on each other in the development of a total system. Wherever this situation existed, the DA staff specialist attempted to divide the impact based on the grantee staff input and site visit reports.

The project or system changes were measured by the average changes of both the agency and homes from the beginning of the project to the final assessment. This change is represented in terms of compliance index points. These compliance scores are derived from the assessment rating score. A rating score of 4 (the highest score) is equivalent to an index score of 100; a rating score of 1 is equivalent to an index score of 25. Rating scores between these values were similarly converted to index scores.

The standard home day care monitoring instruments assessed the extent to which projects were complying with the proposed 1972 Federal Family Home Day Care Requirements. The change in project status reflects a shift in compliance or non-compliance with those standards. In this regard it should be remembered that this evaluation is not a measure of the individual projects' planned vs. attained objectives but rather of all projects' compliance with the proposed 1972 requirements.

The first step in the cost analysis scores was an examination of the extent to which each project attained these pre-established objectives. The changes in the project system index score over the duration of the study is shown in Table No. 11.

In interpreting these scores two factors must be considered; both the magnitude of the change and the final score. Whereas Philadelphia had the smallest net change, its final score was the highest, and thus closest to compliance. Butte and Oklahoma City, whose final scores are somewhat lower, show a higher degree of improvement toward compliance.

In addition, Table 11 outlines the total federal demonstration expenditures and the cost per system point change for each of the six projects. The cost per system point change can be defined as the dollar amount of federal demonstration monies that it required to raise the system index score one point. The cost per system point was computed by dividing the total federal demonstration grant funds spent by the overall system score change.

These changes are further illustrated on Tables 12, 13, and 14. The solid lines on table 12 represent system index change vs total demonstration cost. The greater the length of the line the higher the cost. In the case of Butte, Eugene and Madison, it can be observed that for a lesser cost the grantee achieved the same relative increase toward compliance as Birmingham and Oklahoma City. Table 13 illustrates the cost vs total system point change and table 14 represents the percentages of system point change to the initial index system score vs total federal cost.

Table 11

SYSTEM POINT CHANGE AND FEDERAL DEMONSTRATION COSTS						
	Madison	Eugene	Butte	Oklahoma City	Philadelphia	Birmingham
Needs Assessment System Index Score	53.0	50.5	56.5	53.0	77.0	56.5
Final Assessment System Index Score	74.5	72.5	83.0	80.5	91.0	75.5
Overall System Point Change	21.5	22	26.5	27.5	14	19
Total Federal Demonstration Cost	$9,504.22	$5,686.14	$8,891.36	$22,283.12	$1,180.97	$32,273.11
Federal Demonstration Cost per System Point Change	$ 442.06	$ 258.46	$ 335.52	$ 810.30	$ 84.36	$ 1,698.58

Table 12

COMPLIANCE CHANGE VS FEDERAL DEMOSTRATION COST

(Need Assessment to Final Assessment)

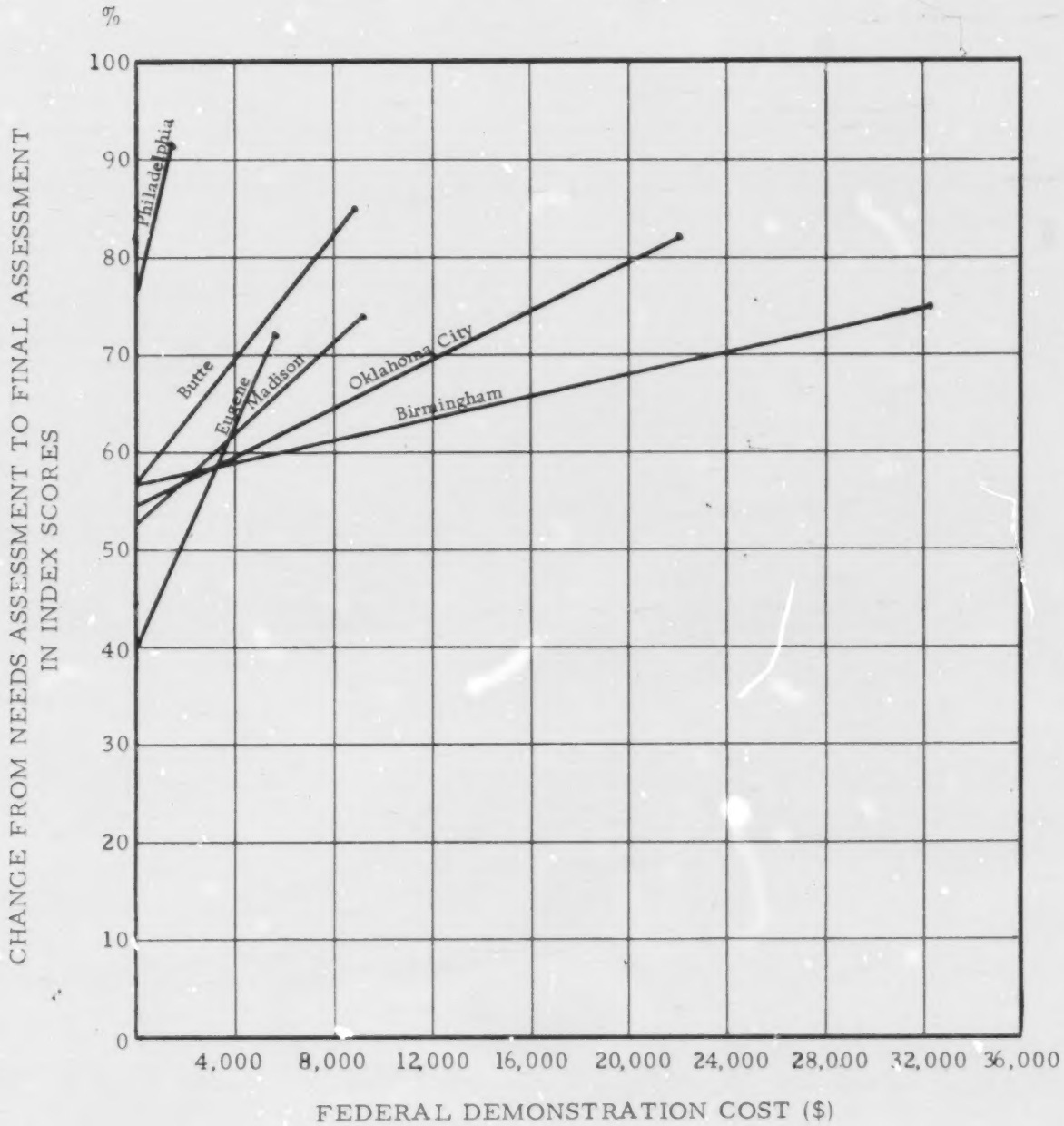


Table 13

SYSTEM POINT CHANGE VS FEDERAL DEMONSTRATION COST
(Needs Assessment to Final Assessment)

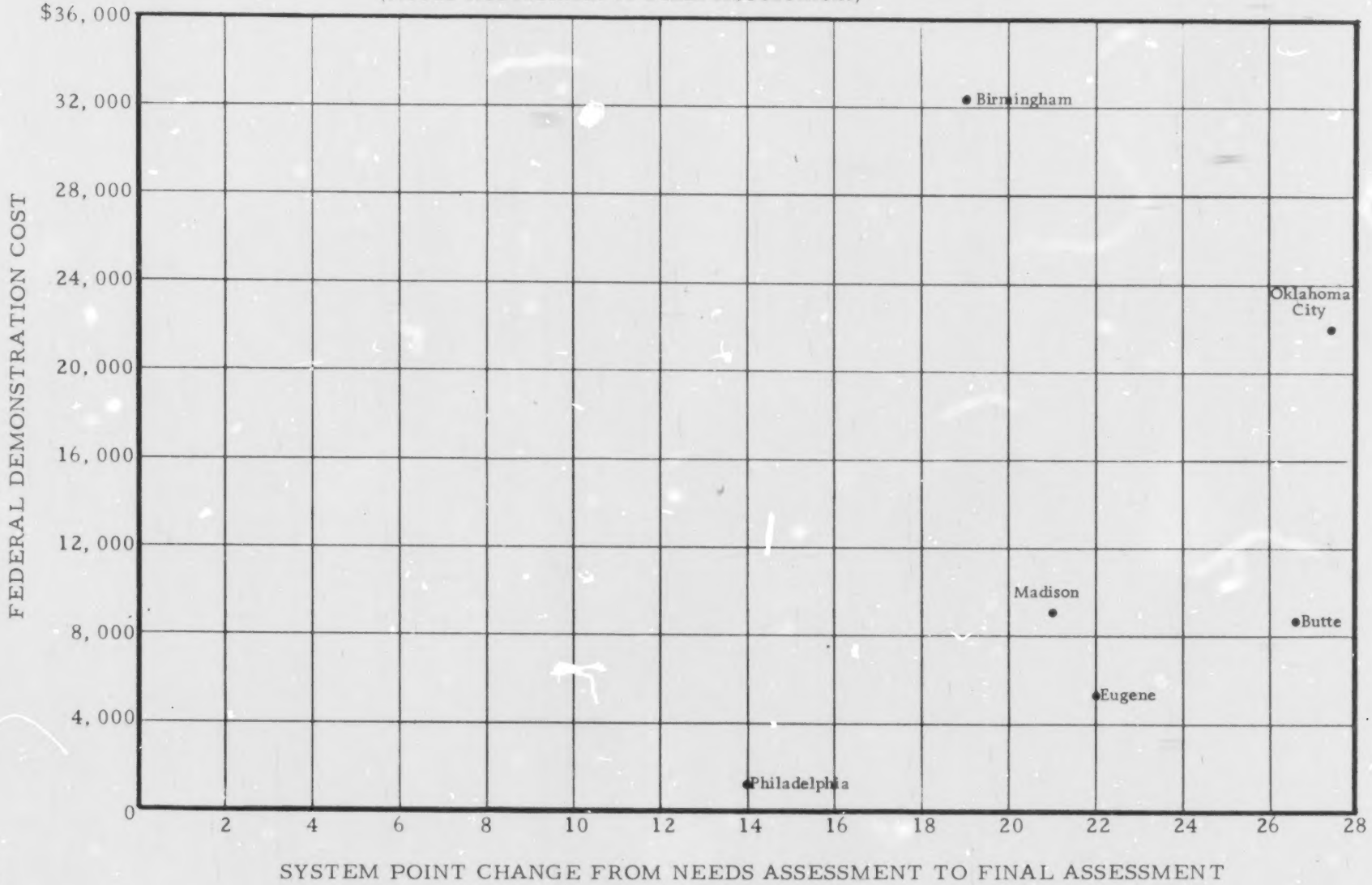
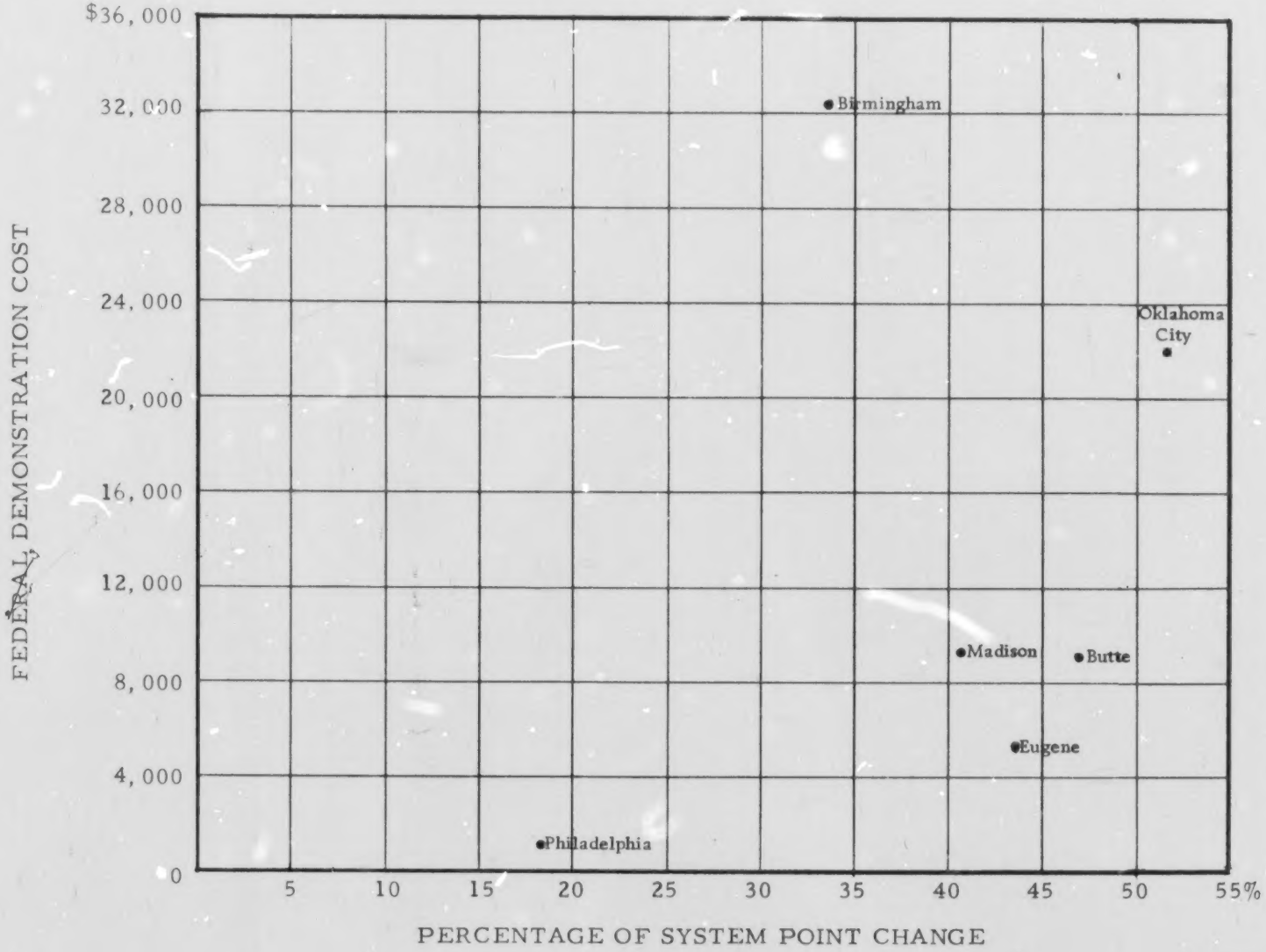


Table 14

PERCENT OF SYSTEM POINT CHANGE VS FEDERAL DEMONSTRATION COST



From these latter two charts it is evident that Oklahoma City made the greatest point gain of the six projects for the second highest cost. Madison, Butte and Eugene all made substantial gains for a relatively smaller federal expenditure. Birmingham made the second least gain for the highest federal cost. Philadelphia made the least gain for the lowest federal demonstration expenditure.

A closer examination of these figures reveals three program groupings. The first group consists of Birmingham and Oklahoma City. In this group the cost per system point change tended to be higher. This was due at least in part to the local situation at the time of the needs assessment. Because of local need, each of these grantees were given larger demonstration grants. These grants were used to add staff and pay for additional services which were eventually provided by local communities in the other sites.*

The second group consists only of one project, Philadelphia. The grantee in Philadelphia at the time of the needs assessment already had a well-developed Family Home Day Care System. This grantee had been making use of many existing local and federal resources prior to the funding of the demonstration project. The main cost category written into the demonstration grant was for a part-time social worker. By choice,the grantee never filled this position. In general,the grantee maintained the same level of effort during the demonstration project as he had before. This level of maintenance of effort can be further documented by the control group. The design of the project called for the control homes to continue to receive those services provided by the agency prior to the start of the demonstration project. The only area where really noticeable change took place was in the parent involvement component. Thus, in Philadelphia because of the well-developed system, control homes ended up receiving the same services except in the area of parent involvement.

The third group consists of Madison, Eugene and Butte. In each of these cases the needs assessment showed a relatively under developed Family Home Day Care System in relation to the proposed 1972 Federal Day Care Requirements. From Table No. 11 it can be ascertained that the amount of federal demonstration expenditures in each of these three projects was relatively low and fell within a four thousand dollar range. Each of these projects developed and used local resources to supplement their federal grants.

After careful examination of the cost and program data, it appears that this last group most closely typifies an approach through which federal funds can be combined with already existing local resources to upgrade existing family

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*Note: projects were not required to supplement the demonstration project with local resources beyond what already existed within the agency.

home day care systems. From this the project team concluded that the situation which existed in these three projects provides the most realistic data from which conclusions can be drawn which could be applied in other similar situations.

Therefore, while presenting the data on all six grantees, the analysis in the remainder of this section concentrates on this third group of projects.

Cost Per Component Point Change

Since the basic point of implementation was the component the first area of cost analysis is a comparison of the cost per component point change for each system. The cost per individual component as illustrated in Table 15 was arrived at by dividing the net component index score change by the total federal grant cost expenditures for that particular component. As can be observed the amount for individual components vary from project to project. This is due to two factors:

- level of effort and spenting by grantee in the particular component in its effort to reach compliance
- the use of local resources

As can be seen by Table 15 there were large variations in cost both across projects and by component. In some cases no funds were expended and in others no change (by proposed Federal Day Care Requirement criteria) occurred. In some instances, those with negative signs, funds we expended yet the projects' component ended up being less compliant. Perhaps in these cases funds were spent for some other, non-evaluated purpose.

As part of this study the federally funded cost per home and per child was also determined. Since the number of demonstration homes and the number of children enrolled in these homes varied on virtually a daily basis, estimates of averages were made for each of the six sites. Using the number of homes and children determined during each of the four assessment visits the average number of homes and children were determined. In terms of the cost per compliance point change by component, it is interesting to note that for Madison, Eugene and Butte significant gains were achieved for very low costs in virtually every component. Only in the safety area, where costly repairs and equipment were needed was the cost per point gained higher than $84.14 (Madison did exceed this figure for health also, primarily because they paid for a health consultant).

TABLE 15

FEDERAL DEMONSTRATION COST AND COMPONENT POINT CHANGE

	Madison	Eugene	Butte	Oklahoma City	Philadelphia	Birmingham
ADMINISTERING AGENCY						
Compliance Monitoring						
Compliance Point Change	25	13	50	18	12	32
Federal Demonstration Cost	$1,813.15	$ 92.79	$2,499.07	$4,480.50	$ 25.00	$3,939.51
Cost Per Point Change	72.53	7.14	49.98	248.92	2.08	157.58
Health						
Compliance Point Change	5	0	25	15	20	32
Federal Demonstration Cost	$ 110.54	$ 596.84	$ 571.67	$3,081.45	0	$4,008.81
Cost Per Point Change	222.11	(No net change)	22.87	205.43	0	125.28
Psy/Social Service						
Compliance Point Change	36	18	60	4	43	-4
Federal Demonstration Cost	$1,409.89	$ 33.00	$1,999.34	$4,315.17	0	$4,144.76
Cost Per Point Change	39.16	1.83	33.32	1,078.79	0	-1,036.19
Training						
Compliance Point Change	44	81	42	62	No change, already in total compliance	75
Federal Demonstration Cost	$2,660.00	$1,563.35	$1,663.76	$7,208.00	$150.00	$9,364.86
Cost Per Point Change	60.59	19.30	39.61	116.26	150.00 spent	124.86
Parent Involvement						
Compliance Point Change	33	41	25	25	50	9
Federal Demonstration Cost	$ 632.23	$ 478.73	$ 323.01	$ 242.27	$175.00	$2,142.57
Cost Per Point Change	19.16	11.68	12.92	9.69	3.50	238.06
HOME						
Health						
Compliance Point Change	12	18	1	23	14	1
Federal Demonstration Cost	$ 0	$ 169.47	$ 13.50	$ 58.88	$ 27.00	$2,216.25
Cost Per Point Change	0	9.42	13.50	2.56	1.93	2,216.25
Safety						
Compliance Point Change	23	13	13	13	4	11
Federal Demonstration Cost	$ 946.83	$1,670.85	$1,573.34	$ 764.09	$500.50	$ 327.57
Cost Per Point Change	41.17	128.53	121.03	58.78	125.13	29.78
Developmental Child Care						
Compliance Point Change	11	20	32	13	-2	17
Federal Demonstration Cost	$ 925.58	$ 654.80	$ 9.78	$2,132.62	$132.00	$5,361.93
Cost Per Point Change	84.14	32.74	.31	164.05	-66.00	315.41
Caregiver Operator						
Compliance Point Change	12	11	17	10	-1	6
Federal Demonstration Cost	No Cost	No Cost	No Cost	No Cost	$171.47	$ 766.85
Cost Per Point Change	No Cost	No Cost	No Cost	No Cost	-171.47	127.81

Demonstration Cost Per Caregiver's Home

When considering the cost per home figures on the table below, it must be remembered that the retention rate of demonstration caregivers had a direct effect on the individual cost per home. If the retention rate was low such as in Madison, it tended to increase the cost per home. Likewise, the expenditure of non-federal funds are not reflected in the below cost per home figures.

Table 16

Average No. of Homes and Federal Cost Per Home

	Madison	Eugene	Butte	Oklahoma	Philadelphia	Birmingham
Average No. Homes	12.50	15.5	13.75	14	16	15
Cost Per Home	760.34	366.85	646.64	1,591.65	73.8[illegible]	2,151:54

Madison and Butte fall within the same range as far as both average number of homes and the cost per home. The cost for Eugene in this case is lower due to the higher retention rate. In using federal cost per home data we must be careful because throughout this project the capacity of a day care home system was never determined.

The design of the project called for a pre-set number of demonstration homes to be upgraded for a given amount of funds. The effect of a greater number of homes in relation to the set amount of funds was not determined. From the data gathered it seems likely that once the basic system is in place a larger number of homes could probably be served.

Cost Per Child

Basically, the same limitations as stated in the preceding paragraph also apply to figures on the cost per child. Many of the homes included in the demonstration project were not operating at full enrollment thus increasing the cost per child. (See Table 17) Again, the following table only shows the federal demonstration costs per child.

The data included in Table 17 only represents public and private payment children. The actual home child ratio would be higher if the caregivers' own children and related children were included. As illustrated by Table 17, Eugene and Butte are in the same cost range. The cost per child in Madison is higher than in Eugene because of the lower retention rate of caregivers and the lower average number of children.

Table 17

AVERAGE NUMBER OF CHILD AND FEDERAL COST PER CHILD

	Madison	Eugene	Butte	Oklahoma City	Philadelphia	Birmingham
Average No. of homes	12.50	15.5	13.75	14	15.5	15
Average payment children per month in all demo. homes	20.0	27.75	36.50	43.25	59	34.4
Average payment children per home	1.6	1.79	2.65	3.08	3.80	2.29
Average payment per month	$ 72.00	$ 70.00	$ 60.00	$ 60.00	$ 80.00	$ 51.10
Federal demonstration cost per child per month:						
Without payments	$ 47.52	$ 20.49	$ 24.36	$ 51.52	$ 2.00	$ 93.82
With payments	$119.52	$ 90.49	$ 84.36	$111.52	$ 82.00	$144.92
Federal demonstration cost per child per week:						
Without payments	$ 11.88	$ 5.12	$ 1.09	$ 12.88	$ .50	$ 23.46
With payments	$ 29.88	$ 22.62	$ 21.09	$ 27.88	$ 20.50	$ 36.23
Federal demonstration cost per child per day:						
Without payments	$ 2.38	$ 1.02	$ 1.22	$ 2.58	$ .10	$ 4.69
With payments	$ 5.98	$ 4.52	$ 4.22	$ 5.58	$ 4.10	$ 7.25

Cost Analysis Summary

In summary, the cost for upgrading the six systems included in the demonstration project varied from site to site. All projects except Philadelphia started within the same compliance range. Two of the projects, Oklahoma City and Birmingham had relatively higher expenditures and concluded at about the same compliance level as Eugene, Madison and Butte who expended a lesser amount of monies. Therefore, we conclude that the injection of federal funds alone does not result in a successful effort by the agency to reach compliance. Rather, it is the way in which the funds are used and how they are supplemented by already existing local resources. It must be remembered, however, that the use of local resources was not a requirement imposed by OCD on the grantees. Therefore, this conclusion was a by-product of the study and does not reflect on the ability of the other grantees to do the same.

From the experience of Madison, Butte and Eugene the conclusion can be drawn that existing systems can be upgraded substantially towards compliance with the 1972 Proposed Federal Day Care Requirements for a relatively minimal cost if federal funds are injected as a means of stimulating development and reallocation of local resources. The actual dollar amount needed for the upgrading process will vary from situation to situation dependent on such factors as:

- availability of local resources;
- caregiver retention rate;
- capability of administering agency; and
- retention rate of children enrolled in day care homes within the system.

The time involved in the process of upgrading a family home day care system is relatively short and depends on the grantee's capability to plan, mobilize, reallocate and use local resources. Probably the average time for upgrading a project is in the range of ten to eighteen months.

Once the basic system is developed, many of the cost are non-recurring and at a given point compliance will probably stabilize and expenditures might drop depending on inflation.

The cost per home and cost per child is dependent on the system capability and retention rate. If the enrollment of children drops or if the retention of caregivers is low, the cost per home and per child will increase.

D. Major Study Conclusions

The findings of the Family Day Care Demonstration Project have yielded several conclusions concerning both the administering agency and the day care homes. These conclusions address the efforts of the grantees to reach compliance with the proposed 1972 Federal Day Care Requirements.

Some conclusions do not readily fit into categories; they are more all encompassing and general in nature. Thus, as a start to this section we present these conclusions followed by conclusions on both the agencies and the homes.

- It is clearly possible for family home day care systems to markedly upgrade their day care systems. Moreover, it appears that the improvement can be effected over a relatively short time and at a relatively low cost as long as there is a serious commitment to improvement by the staff and use is made of available resources.

- One of the central questions of this project was the extent to which quality developmental child care could be achieved. In all cases, significant gains were made in this area. Perhaps, more importantly the attitudes of both the systems and the caregivers changed from a custodial to a developmental focus.

- The structure of the administering agency, i.e., public, private, delegated, does not appear to be important to successful performance. The key element in this regard is the authority and staffing of the agency to enforce standards with caregivers.

- The conflict between federal state and local day care requirements is very real and important. The major problem in this regard appears to be the degree of specificity involved. It is important that at the local day care delivery level, that the administering agency have flexibility to adopt standards to local conditions, e.g., children's play area in the inner city. While there is a need for requirements at all levels, it appears that they should be most specific at the local level and proceed in stages from there.

- The changes which have occurred with regard to agency procedures have been applied only to the homes in the demonstration group. Whether or not these changes, brought about in efforts to reach compliance with the federal day care requirements, will be incorporated into the total day care system will be dependent on several factors; the rat of staff to caregivers after the project ends; individual state licensing policies and procedures; the funds available to implement suggested day care models and improvements.

- In most agencies, caregivers receive payment for children according to their daily attendance. Only one grantee assures caregivers a weekly salary based on the total number of children enrolled in the home. This grantee also provides caregivers with benefits such as vacation and sick leave. This approach to the caregivers has fostered a high degree of professionalism among the caregivers and a high rate of caregiver retention.

Conclusions on Administering Agencies

Grantee Compliance Monitoring

- Prior to the start of the demonstration project the majority of grantees visited homes from one to four times each year. Throughout the project, homes in the demonstration group were visited at least monthly. As a result staff was better able to provide training and supportive services to caregivers. We therefore conclude that the frequency of staff visits directly effects the quality of the grantee's monitoring effort.

- Prior to the start of the demonstration project in most cases, the caseworker/caregiver ratio was extremely high. As a result, homes were not always visited as often as agency regulations required and little follow-up activity occurred. Throughout the project the caseworker/caregiver ratio decreased considerably; homes were visited at least monthly and follow-up activities were made possible. It therefore appears that a definite relationship exists between the number of homes staff are responsible for and the quality of the monitoring which the agency can provide.

- One of the needs assessment recommendations made called for a record keeping system in which individual children's records would be maintained. As part of the project,only one grantee established such a system and one continued to maintain individual records as they had prior to the start of the project. The lack of such a system prevented other grantees from complying with several of the day care requirements.

- Established communication procedures with the parents of children in day care homes do not exist in the majority of cases. Parents are often not provided with an orientation on the day care program, nor are they always aware of how to contact the agency when problems arise. As a result, parents often do not have an adequate opportunity to participate in the day care program or to have input into the agencies' policies and procedures.

- In cases where staff was added or staff functions divided between licensing and training, the division allowed staff to devote time to planning a training program and making use of local resources. We therefore feel that when staff responsibilities are divided between licensing and training a more effective job can be done.

Health

- No established system exists for coordinating the delivery of health services to children in family day care homes. The majority of grantees do not require and/or enforce annual physical exams for children in day care homes. The responsibility for obtaining medical exams is left to the parents with varied assistance provided by the agency. In some cases the requirements differ for public and privately sponsored children. The federal day care health requirements as they relate to children are more stringent than the individual state requirements. While the grantees have each made an effort to comply with federal requirements, the differences between state and federal requirements have presented a problem.

- As part of the demonstration project, the majority of caregivers have received training in basic nutrition, meal planning and feeding young children. Nutrition has also been discussed during home monitoring visits and assistance provided to caregivers as needed. As a result of the training and follow-up which has been provided, caregivers have increased their awareness of nutritional values and have improved to some degree the quality of the meals and snacks provided to the children in their care.

- In all but one case, arranging for substitutes is the responsibility of the individual caregivers. The agencies do little to monitor this system nor do they assure that continuity of care is provided in emergency situations. In one case, the agency employs a system by which caregivers serve as alternates for each other. Where the agency assumes responsibility for the caregiver substitute system it works more efficiently.

- The health requirements for caregivers differ greatly among the six grantees. Only one of the grantees requires caregivers to have a blood test. While each of the grantees made an effort to comply with the federal caregiver health requirements, differences between the state and federal requirements pose a problem.

Psychological/Social Services

- As part of the demonstration project, three of the grantees employed the services of a psychological consultant. These consultants were involved in training the caregivers and assisting them in working with individual children identified as having special needs. Where qualified consultant services are available, both program staff and caregivers were better able to identify children's learning and behavior problems.

- The delivery of social services to day care families is limited in all cases. In some cases the caregivers have been supplied with lists of the available resources with the community. Interviews with caregivers reveals that these lists are of little help to them in locating needed services for themselves or for the parents of the children in their care. The referral system appears to work best when the agency staff serves as a liaison between the caregivers and the services which are available. Where caseworkers are well informed on the services available the system is even more effective.

- Only two of the grantees maintain individual records for children enrolled in family day care homes. In all other cases information on children is limited and when present is either kept in the caregiver's file or in the parent's file. As a result, when and if referrals are made, documentation is limited. In those cases where individual children's records are kept, documentation and records of follow-up are present. It therefore appears that the maintenance of children's records enhances the success of the entire psychological referral system.

Training

- Training has been provided to caregivers in each of the demonstration groups as part of the project. In the majority of cases the training has increased the caregivers' awareness in the area of developmental child care. In all cases, training was provided through workshops held at least monthly. In addition, training was supplemented through home visits made by project staff. The additional staff made available through the project reinforced the training provided through home visits.

- The training which was provided covered nutrition, safety and developmental child care. At the beginning of the project grantees concentrated on the physical and environmental training needs of caregivers. They later focused on training caregivers in developmental child care. Therefore, while noted improvements have been made in the physical and environmental areas, the total impact of the developmental training can not as yet be fully measured.

- Grantees, in general, used those community resources most readily available and made good use of them. However, none of the grantees conducted a systematic assessment of resources available in the community to insure their full utilization.

- Prior to the start of the project only one of the grantees supplied toys and materials to the day care homes on a regular basis. During the project several grantees instituted lending libraries as part of their programs. Caregivers were not only given educational equipment for the children, but were also given demonstrations as to how these could be used. These materials supplemented the training provided to caregivers and made them more aware of the value of educational toys and their purpose.

Parent Participation

- All but one of the grantees had difficulty in establishing a parent advisory group for family day care. Grantees reported problems in gathering parents, interesting them in such a group and defining its goals. There appeared to be a lack of skill among agency staffs with regard to working with parents. Moreover, there were limited staff resources in this area and a general lack of understanding of the function and purpose of such parent groups. Part of the problem appeared to be a lack of prior emphasis on parent involvement and the general absence of guidelines in this area.

- Parents do not receive an orientation to the family day care program. Contact between parents and staff is generally limited and problem-oriented and the flow of information from the agency to the parents is sporadic and limited. Contact is mostly between parents and caregivers. Therefore, the involvement of parents in the day care program is extremely limited and parents are generally not provided with an opportunity to affect the program.

Transportation

- Five of the six agencies do not provide transportation services to children in family day care homes. Agencies rarely transport children, nor do they ensure their safety in cases where they do transport them. Only one state had standards with respect to transporting children in day care homes, while the majority of grantees feel that the responsibility for transporting children lies with the parent.

Conclusions on Homes

Safety

- Prior to the start of the project, agency staff checked the safety of family day care homes during monitoring visits. However, little was done in the way of correcting hazardous conditions and no training was

provided to caregivers in the areas of safety and fire prevention. As part of the project, in addition to installing safety equipment and eliminating many hazardous conditions, caregivers were provided training in safety and were encouraged by staff to develop home evacuation plans and practice fire drills with the children. As a result of their participation in the project, both caregivers and agency staff are more aware of the need to ensure the safety of family day care homes.

- Only one of the grantees requires fire and sanitation inspections of family day care homes. In all other cases, the need for such inspections is left to the discretion of the individual staff members who license the day care homes. The criteria used by staff to inspect homes vary greatly and are often inconsistent. Our findings reveal that most state regulations governing family day care homes are less stringent, less clear, and less strictly enforced than those for other day care facilities.

- Each of the grantees has made a serious effort to comply with the federal daily requirements. Physical improvements were made in each of the homes through the purchase of materials and the provision of training to caregivers. However, hazardous conditions still exist in many homes. Our findings reveal that some deficiencies could not be corrected due to the physical structure of homes, the cost involved in making certain improvements and the inability to locate proper safety equipment.

Developmental Child Care

- Prior to the start of the project the basic orientation of the majority of grantees was not toward the provision of developmental care and few supportive services were being provided to caregivers. As part of the project, all grantees shifted their focus toward developmental child care and provided caregivers with training, materials, and technical assistance. The developmental child care scores have improved since the needs assessment in all cases. We therefore conclude that whether or not an individual caregiver provides developmental care is directly related to the basic orientation of the agency and the supportive services which they provide.

- The agency staff who have the most contact with the caregivers are the day care caseworkers. They are in a position to provide on-going assistance to the caregivers to supplement and reinforce formal training which is provided. Prior to the start of the project, staff orientation was toward licensing; as a result of the project their focus has moved toward developmental care. The caregivers' attitudes have

also moved in this direction. We therefore conclude that the training of agency staff is an important factor which influences the caregivers' level of developmental child care.

- The type and degree of developmental child care provided is directly related to the agency's basic orientation and purpose; to the training it offers the caregivers, to the training and level of professionalism of the agency personnel, and to the agency's resources including money, materials and equipment.

- Prior to the start of the project most of the grantees saw their primary responsibility as licensing. Provision of day care services was generally viewed as custodial and as a service to working parents. As part of the project, more emphasis has been placed on developmental child care. The general attitude of the agency staff has changed and day care is now viewed both as a service to children and as a supportive service to their parents. Therefore, as a result of their participation in the project a definite change in attitude towards providing developmental child care services to children has occurred.

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In summary, the project team believes that the project has achieved it's major objective - "to demonstrate that quality developmental child care can be provided under a variety of administrative auspices in home-based settings." All systems were able to make considerable progress toward compliance with federal requirements within a ten month period. Moreover, the experience of most grantees clearly suggests that a system can move from a custodial to a developmental approach with modest (largely one-time) outside funding, a plan for improvement, effective use of local resources and commitment and hard work from the agency staff and individual caregivers.

In the end, the project team felt strongly that the major success ingredient was the dedication, good will and desire to help children of the caregivers and agency staff. Without exception, these people gave of themselves to the children and parents. Moreover, they also gave of themselves, their homes and their offices to the project team for a very long time solely because of their commitment to quality home day care. We are most grateful to them.

V. RECOMMENDATIONS

The recommendations in this section cover two main areas: those which deal with methods for developing and upgrading Family Home Day Care Systems and those which address themselves to problem areas in the proposed 1972 Federal Day Care Requirements.

A. Methods for Upgrading Family Home Day Care Systems

- That the states be encouraged to reduce the conflicts between state and federal day care requirements while providing flexibility to establish standards applicable to local conditions.

- That the federal funds in the form of short term grants be provided to day care systems to enable them to develop local resources and work toward upgrading their day care systems.

- That agencies conduct a needs assessment of available local resources in order to ensure the best and most complete use of them.

- That OCD develop and make available materials to day care systems as part of any assistance provided. These might include information on what other day care programs are doing, pamphlets similar to "Beautiful Junk" created for Head Start, and other similar pamphlets.

- That agencies establish a system of incentives by which caregivers can be encouraged to provide developmental child care. These incentives might include increased payment, provision of toys and equipment, and food supplements.

- That a relationship be established between caregivers and the agencies whereby caregivers receive payment based on the number of children cared for regardless of children's attendance. Wherever possible, benefits such as sick leave, vacation, health, insurance and social security should be offered to caregivers.

- That wherever possible home day care systems coordinate with day care centers in the placement of children thereby allowing for a choice to better meet the individual needs of children and their families.

- That minimum standards be established for caregivers whereby selection criteria are established. In this way, potential applicants would be required to meet agency standards before being granted a home day care license.

- That technical assistance and training be provided by OCD or by a private contractor similar to that presently provided in Head Start to assist administering agencies in preparing caregivers to provide developmental child care.

- That based on the findings of this demonstration project and the models proposed in this report, a Family Home Day Care Model Systems Handbook be developed to assist agencies in upgrading their systems.

- That use be made of audio-visual training including closed circuit TV, video-tapes, and slides for both caregivers and agency staff.

- That administering agencies be encouraged to continue increased home visits and, whenever possible, quarterly or monthly visits be made to reinforce training which is provided and to assist the caregivers in all component areas.

- That the ratio of caseworkers to caregivers remain reasonable to permit quality monitoring of day care homes and followup activities. Reference can be made to the day care models included in Section VI of this report when determining the ratio.

- That agencies maintain individual children's records in order to encourage more complete documentation and enhance the delivery of services to children in family day care homes.

- That technical assistance be provided to agencies on a systematic basis to assist them in involving parents in establishing a means of communication between parents, caregivers, and the agency.

- That staff functions be divided between licensing and training to permit staff specialization and improve the delivery of services to day care homes.

- That the agencies design and implement a substitute caregiver system whereby caregivers serve as alternates for each other.

- That caregivers continue to receive training in nutrition which is reinforced through home visits.

- That agencies employ the use of consultant specialists on a systematic basis in the areas of health, psychological/social services, and training to the degree made possible by local resources and funds.

- That regular training in developmental child care be provided to caregivers on a regular basis, perhaps in the form of monthly training sessions, to be supplemented by small group or cluster sessions conducted by agency staff.

- That agencies consider using caregivers to help train others when they have reached the level of competence necessary to do so.

- That the agencies continue to provide caregivers with safety equipment to the degree made possible by local resources and available funds.

- That the agencies continue to make educational toys and materials available to caregivers whether they provide them directly, arrange for lending libraries, or mobilize other community resources.

- That the agencies receive technical assistance from OCD in ways in which to involve parents in their child's day care program, and establish a system of communication between parents, caregiver, and the agency.

- That day care homes should be monitored by the administering agency at least semi-annually and, whenever possible, quarterly. During these visits, day care staff would monitor homes in the areas of health, nutrition, safety, and developmental child care to assure that caregivers comply with agency requirements.

B. Problem Areas in Proposed 1972 Federal Day Care Requirements

Licensing requirements for family day care homes vary greatly from state to state. In the majority of states which participated in this project, regulations affecting day care centers are more stringent than those for day care homes. In addition, state requirements tend to be less stringent and less specific than the federal requirements. In some of the states no specific standards for day care homes exist.

Throughout the Family Home Day Care Demonstration Project, conflicts between state and federal day care requirements surfaced as grantees worked to bring homes into compliance with the 1972 proposed day care requirements. Listed below are those areas which caused the greatest problems for the grantees and our recommendations as to how some of these conflicts might be resolved by changes in the proposed federal requirements.

1. Caregiver/Child ratio -- not all state standards specify the number of children to be cared for in each home. The main difference between state and federal standards is that the states do not include the caregivers' own school-age children when evaluating the allowable number.

   Recommendation: That federal requirements be changed so that only the caregivers' children up to five years are included when calculating the allowable number in each home.

2. Safety of building and premises and ensuring emergency care -- state standards are more general than the federal requirements referring to the general conditions of the home. Specific requirements like fire extinguishers, posted evacuation plans, and emergency phone numbers are not generally included.

   Recommendation: That the provisions requiring emergency lighting, posted evacuation plans, and emergency information be modified to apply to a home setting.

3. Developmental Child Care -- state standards are not as specific as the federal requirements in defining what constitutes developmental care. Further, some of the federal requirements are fairly sophisticated in their approach.

   Recommendation: That federal requirements, such as the one calling for written activity plans be modified to apply to a home environment.

4. Caregiver/Operator -- while some of the states do require the maintenance of children's records to varying degrees, caregivers are not expected to maintain records of expenditures incurred in the home.

   Recommendation: That the requirement for maintaining financial records be modified and adapted to the home setting.

VI. FAMILY HOME DAY CARE MODELS

One of the specifications called for in the Family Home Day Care RFP is the development of "a series of descriptive models for the delivery of developmental child care. The descriptions will indicate different needs, processes of upgrading and different financial and technical cost data for systems that differ by auspices of administration and geographical location." Prior to presentation of the actual models, DA feels it is important to discuss the general parameters and precepts which were used in the development of these models.

Modeling Approach

The models DA has developed are generally based on the conclusions derived from the findings of the Family Home Day Care Demonstration Project. These models describe patterns of relationships which DA feels can be duplicated to upgrade existing Family Home Day Care Systems. Each of the three models reflect only limited aspects of a real Family Home Day Care System. These models represent at most key organizational elements in the development of a total Family Home Day Care System. Each of the models is designed to provide the user with key building blocks which can be developed and expanded to fit the reality of most existing situations. It must be remembered, however, that these models are illustrative and will have to be altered to fit any given existing situation.

In developing the models, DA has attempted to keep each of them as realistic and practicable as possible to insure that they are maximally useful in the development of quality developmental Family Home Day Care Systems.

In keeping with OCD project requirements, the models developed follow the provisions of the 1972 proposed Federal Day Care Requirements. Therefore, programs developed or upgraded using these model formats should comply with most provisions of the proposed Federal Day Care Requirements. Nevertheless the degree of compliance will depend on two factors. They are:

- Quality of the model selected; and
- The degree and quality of local effort.

The three models which DA proposes in the following sections build progressively from a situation which simply upgrades existing licensing functions to a system which develops a completely separate system for the delivery of quality developmental child care. Each of the models progressively builds on one another. This allows for implementation of each of the models in stages, building from a minimum approach to a more comprehensive one. This also allows the user to implement components of each model based on the amount of available resources.

In other words, if resources are available in an area such as health, at a given time, the delivery system in model three might be implemented, yet in the other components the grantee may only be operating at the level of model one. In general, model one provides for services through agency referrals while models two and three provide services directly to varying degrees. Below is a brief summary of the three models.

Model one requires minor staff changes and maximum use of local resources. It is a low cost/limited developmental care model in which the agency's primary focus is on the referral of day care services. In model two the agency is involved in the direct delivery of day care services. It is a moderate cost system in which developmental care is provided and consultant specialist staff is utilized. In the third model, the agency provides direct day care services to ensure the delivery of high quality developmental child care. It is a high cost model which utilizes full-time staff specialists.

Before presenting the models in further detail, there are two areas common to all three which require discussion; the types and functions of the administering agencies and alternative staffing arrangements.

Before any of the models can be implemented, the focus of the agency must be directed toward the provision of developmental child care. While the degree to which this is possible differs among the three models, none of them can be implemented by an agency which maintains a role in which the licensing function is primary. The staff, particularly in models two and three, must see themselves as involved in the delivery of child care services which are comprehensive in nature and not limited to the licensing and subsequent monitoring of day care homes. In addition to licensing homes and seeing that they continue to comply with state and agency requirements, staff must now view their function as providing training and technical assistance to caregivers in all component areas which enable them to provide developmental care to the children in their homes.

The actual staffing pattern developed and implemented by the agency will also have an effect on its ability to select and implement each of the proposed models. In model one, a shift from the traditional high caseload staffing pattern must take place in order to provide adequate staff within the agency's day care unit to properly monitor homes, provide the training orientation, and coordinate local resources for the purpose of training caregivers. Models two and three require the hiring of additional staff in the form of part and full-time specialist consultants who provide both caregivers and staff with supportive services in several of the component areas. These specialists will help to train the caregivers and will be supported in turn by the day care staff whose function will include supplementing and reinforcing the training which the consultants provide. In all models, the coordination of staff is most important. As the staff responsibilities become more specialized, the need to coordinate services, maintain mutual records, and transmit feedback on program operations will increase.

Basic Elements of All Models

At present, the most realistic assumption on family day care administering agencies is that most grantees which would administer a family home day care system will be public licensing agencies. DA has developed the model to best fit into this context while still allowing enough flexibility for them to also fit into private and delegated situations which exist or could exist in some communities.

The greatest possible area of conflict with a private or delegated agency would be in the area of licensing authority. Yet, even in cases where the state or local government must maintain licensing authority, licensing and developmental child care functions could be separated between two agencies, as in Madison. In some cases, this might even tend to strengthen the delivery of developmental child care services since it might allow, as in Madison, for a specialized child care organization such as 4-C to design and operate the developmental aspects of the program.

There are at least two other factors which will affect the ability of administering agencies to implement all or part of each of the models. These are the conflicts between the state and proposed federal day care requirements, and the bureaucratic characteristics of the individual agencies. The demonstration project revealed that geographic location of the agencies was not a problem in implementing the standards.

As discussed in Section IV-A-4 of this report, several conflicts exist between the individual state and proposed federal day care requirements. Because each of the models seeks to implement these standards to varying degrees, the conflicts between state and proposed federal requirements must be resolved before the federal requirements can be implemented. The areas in which these conflicts exist include: the ratio of caregiver to children, the health requirements for both caregivers and children; the distinction made between children cared for privately and those paid for by the agency; the provision of transportation services; the involvement of parents in day care programs, and the requirements relating to the safety of day care homes.

The manner in which administering agencies are staffed and operated will also have a direct effect on its ability to implement the three day care models. Agency policies and procedures as they relate to payment, purchase of materials for day care homes, record keeping, and staff job descriptions and responsibilities will in some cases limit the ability of an agency to implement a particular component within a model. For example, all models call for the maintenance of individual children's records as the findings of this demonstration project concluded that the lack of such a system prevented the grantees from reaching compliance in other areas such as psychological services and health. Without such records it would be difficult, if not impossible, for the agency to progress to a higher model.

While each of the models is designed to bring the agency into compliance with the proposed federal day care requirements, the degree of compliance and hence the quality of developmental care provided increases with each model. The differences between the models is not their focus, as all seek to provide developmental care, but rather lies in the degree to which this is made possible. There are several factors which are present in each model but which vary in size, number, or function. These variables include: staffing patterns, use of community resources, and the ratio between day care staff and the caregiver in the system.

The staffing pattern among all three models is similar in that staff functions include both licensing and training responsibility. However, the difference lies in the specialization of the day care staff. While in model one the staff is responsible for both licensing caregivers and implementing the orientation/training session for caregivers, in model three these functions have been clearly divided between "licensing" and "day care" staff. One of the conclusions based on the findings of the demonstration project was that staff operated more efficiently when these divisions were made.

The staffing patterns proposed in each of the models is directly related to the use of community resources by the grantee. In model one the grantee must make use of such resources both for training and for referrals. In model two the day care staff has been supplemented by part-time consultant specialists who would be available to advise and assist the staff in coordinating further available resources. In model three, the agency has full and part-time consultants and has assumed responsibility for the direct provision of services to the children, parents, and caregivers in the program. In all cases, particularly models one and two, a needs assessment should be conducted in order to fully document those resources available.

As the models reflect, the day care staff/caregivers ratio decreases from model one to three. Our findings from the demonstration project led us to conclude that the decrease in this ratio brought about by the project enabled staff to improve the quantity and quality of services which they provide. While model one meets the minimum number of home monitoring visits, as stated in the proposed federal requirements, the ability of staff to provide training, technical assistance and supportive services in model three is made possible by the monthly home visits conducted by staff.

All three models encourage and to varying degrees require the use of local resources. In model one the main function of staff is to coordinate available local resources. In models two and three the use of such resources takes on the form of consultant specialists who work with the staff and caregivers in planning, training, and the delivery of health, psychological, and social services.

In the remainder of this section, we discuss each of the three models and present in Table 18 the basic elements of each model.

Model One -- Licensing/Limited Developmental Child Care

While some assistance is provided to caregivers and limited developmental care is a goal, the primary focus of model one is in the licensing and subsequent monitoring of homes. The agency's role is one of referrals rather than the direct delivery of services. The use of local resources is necessary in all component areas.

The primary advantages of the model are that it can be easily implemented within already existing agency structures, the cost is low, and it prepares the grantee to progress to one or both of the other models.

In the first model, the responsibility for coming into compliance with the proposed federal day care requirements is left to the caregivers. The agency does not provide educational materials or safety equipment to the homes, nor do they assist caregivers or parents in meeting respective health requirements for caregivers and children. No training is provided to caregivers other than an orientation when they are initially licensed.

While this model does not ensure that existing programs will reach total compliance with all the proposed federal day care requirements, it does provide a base for an existing system to begin orienting itself towards the provision of developmental child care.

Model one depends heavily on the administering agency's ability to mobilize local resources. Therefore, in an area where there are few community resources or a weak agency structure, this model would be more difficult to implement.

Another disadvantage of this model is that no monetary provisions are made for assisting the caregivers in areas such as safety and developmental care. DA's findings from the demonstration project have shown that these areas tend to be more difficult to comply with, without additional financial assistance to the agency. This factor coupled with the less frequent monitoring visits to homes may prevent the agency from reaching total compliance.

The primary advantages of this model are that it provides a base to develop models two and three; it develops the basic administering agency and home component structures required by the federal day care requirements which are expanded in models two and three. Once this framework is developed, model two can be implemented in stages as resources become available.

In summary, this model only provides a limited scope of developmental activities and places the responsibilities for these activities on the caregivers. Yet it provides enough structure and direction for upgrading existing family home day care systems to enable them to comply with the federal requirements to a fairly high degree.

Model Two -- Licensing/Developmental Child Care

The second model requires a change in the agency's staffing pattern to include part-time consultant specialists who work with both staff and caregivers to help bring homes into compliance. In model one, the agency's role was one of referrals; here the grantee moves into the direct delivery of day care services.

In model two, the agency increases the number of visits to each day care home, while the caseload ratio decreases for each staff member. This will enable the staff to both increase and improve the quality of the services which they are providing. Whereas, in model one responsibility for reaching compliance is left to the caregivers. The agency here provides assistance to caregivers by supplying some safety equipment, educational materials, and assistance in obtaining medical exams.

Since services are provided by part-time consultants, the administering agency's ability to regulate the cost of this model depends in part on the availability of local resources. This also allows for the administering agency to choose priorities by hiring consultants in different component areas. Consultants can be drawn from community agencies at little or no cost to the grantees; for example, a psychologist from the local mental health clinic. The cost of model two will therefore depend in part on the agency's ability to mobilize low cost community resources.

In this model the agency begins to assume the responsibility for bringing homes into compliance. Caregivers are supplied with minor safety devices, such as fire extinguishers and safety gates. They are also supplied with basic developmental materials and have access to the agency's educational lending library. However, DA's experience with the Family Home Day Care Demonstration Project has shown that providing the materials is not enough. Model two addresses itself to this situation by providing ongoing training to caregivers and assistance in each of the component areas.

In summary, this model begins to shift the responsibility for home compliance from the caregiver to the agency. It provides the caregiver with the basic equipment and limited resources she needs to provide good developmental care while reinforcing the concept of developmental care through training and home visits. Further, model two develops a stronger framework for the administering agency to move into quality developmental care as illustrated in model three by providing consultant specialists to work with caregivers and other staff.

Model Three -- Licensing/Quality Developmental Child Care

The third model is designed to directly provide services to children in family day care homes while assisting caregivers in providing quality developmental care. The agency's staff has been expanded to include full-time consultant specialists in the areas of health, training, and psychological services. Caregivers participate in ongoing training and are provided with assistance from the agency through monthly home visits.

In this model, the agency assumes responsibility for bringing homes into compliance with the federal day care requirements. Homes are furnished with safety equipment, educational materials for the children, and funds are available to pay for medical exams, transportation, and followup psychological services.

Training is provided to caregivers on a monthly basis and is supplemented by home visits and individualized small group training sessions. Frequent home visits are made to reinforce the training being provided by the staff.

The primary advantage of model three is that it delivers high quality developmental care. Caregivers are provided with all the supportive services which our findings concluded are needed to assist the caregiver to achieve this goal. In this model, the agency would be able to reach compliance with all of the proposed federal day care requirements.

The main disadvantage of this model is its relatively high cost. In addition to a larger and more specialized staff, this model calls for the provision of materials and services to caregivers which are costly. The use of community resources could not minimize this cost to the extent possible in models one and two.

An additional disadvantage to this model is that it would be difficult to implement for a system with a limited number of homes as the cost would be too great.

The three models presented in this section are based on data generated by the project, the experiences of the project staff, and other relevant research. They have consciously been designed to be pragmatic approaches to achieving compliance with proposed federal day care requirements. No model, however, can be completely realistic in the real world. By their nature, models are static and the situation faced by OCD and local agencies is dynamic. Thus, the value of these models is as a guide for program planning and project implementation, not as a set of requirements or rules.

Table 18

ALTERNATIVE DAY CARE MODELS

	Model One	Model Two	Model Three
Title----------	Licensing/Limited Developmental Child Care	Licensing/Developmental Child Care	Licensing/Quality Developmental Child Care
	Implementation Factors – Easily implemented within existing agency structures. – Requires minor reorganization of staff and maximum use of local resources. – Low cost model/limited developmental care.	Implementation Factors – Requires shifting of staff patterns and the addition of staff consultant specialists. – Agency is involved in the direct delivery of day care services in addition to the use of local resources. – Moderate cost/ increased quality of developmental care.	Implementation Factors – Requires new staffing pattern with staff specialists. – Agency provides the direct delivery of day care services including training and assistance to caregivers. – High cost/high quality of developmental care.

AGENCY COMPONENTS

	Major features of model by component areas:	Major features of model by component areas:	Major features of model by component areas:
GRANTEE COMPLIANCE MONITORING	– Homes are visited annually by day care staff.	– Homes are visited quarterly by day care staff.	– Homes are visited monthly by day care staff.
	– Deficiencies are discussed with caregivers and time limits set. It is the responsibility of the caregiver to pay for any corrections which are necessary.	– Deficiencies are discussed with caregivers and time limits for corrections are set. The agency assists caregivers in correcting deficiencies by providing only inexpensive equipment such as safety gates and fire extinguishers.	– Caregivers are given a written list of deficiencies which need correction and definite time limits are placed on correcting them. The agency takes action against caregivers who do not eliminate deficiencies within a set period of time. The agency assumes responsibility for correcting deficiencies and bringing the home into compliance by providing all necessary equipment and materials. The agency will institute a home selection criteria system whereby homes which cannot comply are not licensed initially.
	– A file is maintained on each home and annual visit report is included.	– A file is maintained on each home and quarterly visit reports are included.	– A file is maintained on each home and monthly visit reports are included.
	– Ratio of staff to homes is 1 : 70.	– Ratio of staff to homes is 1 : 40.	– Ratio is different for each staff group.
	– A grievance procedure is established whereby complaints from parents and members of the day care advisory group are handled by staff in the day care unit.	– A grievance procedure is established by the family day care advisory group and a staff member is assigned to handle all problems which arise.	– A grievance procedure is established by the family day care group and the parent involvement consultant handle all problems which arise.

AGENCY COMPONENTS (CONT'D)

Agency Components	Model One	Model Two	Model Three
GRANTEE COMPLIANCE MONITORING--CONT.	Agency Staffing Patterns – There is no staff division between licensing and other functions. Day care staff is responsible to review applications, license day care homes, conduct annual re-licensing visits, and organize an annual caregiver orientation session. – The agency day care staff is responsible for planning the caregiver orientation; no on-going training is provided.	Agency Staffing Patterns – All full time staff is licensing staff. The agency also employs part time consultants in the areas of training and psychological/social services. Other community resources are used as needed and are coordinated by the training consultant. – Training Staff The agency employs a part time training consultant who works with the day care staff to plan and implement the training program.	Agency Staffing Patterns – Pre-certification staff -- initial home visits and orientation for new caregivers on policies and requirements of the agency. – Licensing workers -- visit home after pre-certification visit and evaluates all aspects of the home including physical environment and ability of the caregiver to care for children in compliance with federal regulations. -- Gives a copy of her report to the day care staff and caregiver with deficiencies noted and a time limit set. She returns at the end of each time limit to re-inspect the home in that area. The license is issued as a six-month provisional license. At the end of six months, if the home is in compliance, a final license is issued. – Day Care Staff -- monthly visits to the home beginning after receipt of licensing worker's report. Staff provides assistance to caregivers in all areas, provides equipment, handles administrative matters, and supplements work of the training staff. Places children in homes; handles payment, maintenance of caregiver and children's file. – Training Staff -- The agency employs a full time training/early childhood specialist to plan and implement the training program and visit homes at least quarterly and as needed. The specialist also provides in-service training to the day care staff.

AGENCY COMPONENTS (CONT'D)

Agency Components	Model One	Model Two	Model Three
GRANTEE COMPLIANCE MONITORING--CONT.	Record Keeping – Two sets of records are maintained, one for caregivers and one for each child enrolled in family day care. The caregiver's folder would include: -- licensing data; -- home visit record and deficiencies; -- medical records; -- a running record of all contacts with caregivers including any problems which arose. The children's records would include: -- background data; -- medical records; -- notations of referrals.	Record Keeping – Caregiver records would be expanded to include quarterly home visit reports and any notations made by the consultant where appropriate. – Children's records would be expanded to include reports from the psychological consultant and record of follow-up.	Record Keeping
HEALTH	– Individual children's records are maintained by the day care staff. – Children are required to have annual medical exams, but the responsibility for complying is left with their parents. – Caregivers are required to have annual medical exams including a T.B. and blood tests. Caregivers are responsible to obtain these tests and pay for them. – All caregivers receive training in nutrition as part of the initial orientation course. – The agency has a substitute caregiver plan whereby caregivers alternate for each other in groups of three. The agency is responsible for assigning alternates and monitoring the system.	– Children are required to have annual physical exams. The agency assists parents in complying with this requirement. – A part time health consultant works with the staff and assist parents in obtaining the children's medicals. Also assists the caregivers in obtaining their exams. The agency provides financial assistance for medical exams where needed. – Nutrition training included in monthly training sessions and supplemented by home visits.	– The agency has a full time health specialist to assist the staff, caregivers, and parents in meeting health requirements. – The agency assumes responsibility for bringing children and caregivers into compliance and pays for medical exams. – The health specialist also works with day care staff in nutrition. Staff reinforces nutrition during home visits.

AGENCY COMPONENTS (CONT'D)

Agency Components	Model One	Model Two	Model Three
PSYCHOLOGICAL SERVICES	– The agency's primary role is one of referral. Caregivers and staff identify the special needs of children and contact the staff who refer the child to an available local resource.	– The agency employs a professional consultant, e.g., a psychologist or early childhood specialist, who: • trains staff and caregivers to better identify the learning and behavior problems of children; • is available on an ad hoc basis to visit homes and talk with individual caregivers and children.	– The agency employs a professional consultant who provides direct services including: • goes into each home to screen all children for possible learning and behavior problems, • is available to meet with caregivers and parents to discuss a child's problem.
	– Documentation of referrals are made in the individual child's folder.	– The referral system operates in the same way as model #1, but records are more detailed and include reports made by the professional consultant.	– A quarterly child evaluation report is completed by the staff consultant in order to document each child's growth and serve as a means of identifying problems which exist. Copies of these reports are filed in the child's folder.
	– Follow-up on referrals is the responsibility of the child's parents.	– Follow-up on referrals are the responsibility of the agency and is assumed by the professional consultant.	– Follow-up services are provided by the professional consultant.
SOCIAL SERVICES	– Day care staff is responsible for making referrals as needed.	– Part-time consultant works with staff and assists them in making referrals for both caregivers and parents.	– There is a family caseworker who serves as a liaison between the welfare department social workers and the day care unit and is responsible for seeing that parents receive the social services which they require.
	– All caregivers are given a list of available community resources and are told to contact the day care staff when problems arise.		– All caregivers are given a list of available community resources and are told to contact their licensing worker when they need a referral. If the parent needs assistance or if the caregiver feels that the family requires a service, the family caseworker should be contacted.

AGENCY COMPONENTS (CONT'D)

Agency Components	Model One	Model Two	Model Three
TRAINING	– All caregivers will participate in a mandatory orientation session when they begin and an annual training session thereafter. All training sessions will be conducted by local resource staff.	– In addition to the orientation session, monthly training workshops will be held. Local resource staff will be used to conduct the sessions.	– In addition to monthly training sessions, small group meetings or cluster training would be provided by the staff early childhood/training specialist.
	– The topics covered during the training would include: • basic child development; • nutrition; • first aid/safety; • health.	Basic child development training would include: • planning/scheduling; • selection of materials and equipment; • discipline; • stages of growth.	
	– One member of the day care staff will be responsible for coordinating the training orientation and coordinating local resources.	– Training will be supplemented by agency staff through quarterly home visits.	– Day care staff will make monthly home visits and reinforce the training which has been provided. In addition, quarterly home visits will be made by the early childhood specialist.
		– The agency establishes a lending library whereby caregivers receive toys and equipment on a rotating basis. These materials will be delivered by staff.	– The lending library will increase in materials and would be a mobile unit modeled after the Magic Blue Bus in Okalhoma City.
PARENT PARTICIPATION	– The agency has an advisory group which includes representatives from all day care programs. The group meets to review general program operations and make suggestions.	– The advisory group is exclusively for the family day care program and would consist of parents, caregivers, and day care staff. This group would make recommendations to the agency on the operation of the family day care program.	– The parent advisory group consists of 50% parents, 30% caregivers, and 20% agency staff. The group advises the agency and approves all major actions taken by the agency.
	– The responsibility for organizing the parent group is that of the day care staff.		– A parent involvement consultant and family caseworker work with the advisory group.
	– A written information sheet is given to parents when the children are enrolled explaining grievance procedures.	– A written manual is designed and given to each parent explaining the grievance procedures.	– The advisory group is responsible for handling all grievances. A manual is distributed to all parents.

AGENCY COMPONENTS (CONT'D)

Agency Components	Model One	Model Two	Model Three
TRANSPORTATION	– The agency does not directly provide for the transportation of children but assures their safety when transported by caregivers.	– The agency provides for the transportation of children on a sporadic basis, e.g., to medical exams and field trips. – All cars used to transport children are properly inspected and insured and staff who drive them have current licenses. The agency maintains records on all the above.	– The agency provides transportation to children whenever necessary.
	– The agency maintains records for each caregiver including: • evidence of current license; • evidence of proper car insurance; • evidence of proper car maintenance and inspection.		

HOME COMPONENTS

Home Components	Model One	Model Two	Model Three
HEALTH	– Homes are provided with porta-crips as needed →	→	→
	– All caregivers receive training in nutrition and are required to provide the children with two snacks and a full lunch each day. →	→	→
			– Caregivers are given a food supplement of 50¢ per day per child to help cover the cost of food. The agency would devise a system by which to monitor the food supplement and determine its impact on the caregivers' shopping and menu planning habits.
SAFETY	– Homes are given a list of deficiencies with time periods for correction. Caregivers are responsible to pay for any improvements necessary.	– The agency will pay for some safety equipment including fire extinguishers, safety gates, and heater screens. Homes will be checked for safety during quarterly visits by day care staff and caregivers will be provided assistance in reaching compliance.	– The agency will pay for all improvements. Homes are checked monthly and assistance provided to caregivers as needed.
	– All caregivers receive training in safety, fire prevention, and first aid, during the orientation session; caregivers are required to purchase fire extinguishers and encouraged to hold fire drills with the children. In addition they are told of the value of developing evacuation plans.	– Training will be supplemented during monthly training sessions and home visits. Day care staff will assure that fire drills are held and will assist caregivers in the preparation of evacuation plans. →	
	– The agency devises a set of forms which are given to each caregiver which include • parent signed emergency authorization card; • agency policies with regard to dispensing medicine and providing emergency care. →	→	→

HOME COMPONENTS (CONT'D)

Home Components	Model One	Model Two	Model Three
DEVELOPMENTAL CHILD CARE	– Caregivers receive training in basic child development during orientation session. – Caregivers are expected to supply all materials which the children require.	– Training continued through monthly training sessions and supplemented by quarterly day care staff home visits. Each caregiver receives a basic set of materials when licensed; in addition to set of materials, there is a lending library with educational toys and equipment run by the day care staff.	– Training more in-depth and further supplemented by specialists' visits to the homes. – Lending library is in the form of a mobile unit which visits each home. Caregivers are shown how to use materials by the staff specialist.
	– Caregivers are given a form designed by the agency on which to maintain all children's records.	→	→
CAREGIVER/ OPERATOR	– During orientation session caregivers are told of the value of maintaining records for tax purposes.	→	→

	– All caregivers are provided with a set of forms designed by the agency on which to maintain the following records for each child:
	• children's names, address;
	• parents work number;
	• emergency phone number;
	• history of the child:
	  • eating/sleeping habits;
	  • medical information;
	  • other;
	• emergency care plans;
	• authorized escorts;
	• medical care authorization;
	• child's attendance card;
	• agencies' day care policies and procedures.
		→	→

APPENDICES

As part of this final report DA has included in Appendix A copies of monitoring and data analysis instruments used during the duration of the Family Home Day Care Demonstration Project. In Appendix B, under separate cover, DA has selected forms designed by grantees which might be interesting and useful to OCD in assisting other family home day care systems. These forms generally pertain to the areas of Compliance Monitoring, Health, Parent Involvement, and Safety.